


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-29-2008 90019 019 ***150.00

DOCUMENT # S94863 1. Entity Name CLOSET GALLERY INTERNATIONAL INC.	
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Principal Place of Business 3700 N.W. 124TH AVENUE BAY 111 CORAL SPRINGS, FL 33065	Mailing Address 3700 N.W. 124TH AVENUE BAY 111 CORAL SPRINGS, FL 33065
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66003096



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0303902	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTHSTEIN, LEONARD 3700 N.W. 124TH AVENUE BAY 129 CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHSTEIN, LEONARD 3700 N.W. 124TH AVENUE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHSTEIN, HARRIET 3700 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARAHINIS, THOMAS 3700 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] 3/6/08 Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR