## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

	ANNUAL	· ·	Secretary of State					
1. Entity Nam	MENT # V14431 ACHWEAR, INC.					_	3 036 ***150.00	
Principal Place of Business 701 3RD AVE NEW SMYRNA BEACH, FL 32169		Mailing Address 701 3RD AVE NEW SMYRNA BEACH, FL 32169			14019409			
703 3rd Huenve		3. Mailing Address 821 F 21 <sup>54</sup> Auc		ue				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04302004 Chg-P CR2E034 (10/03)			
City & Stat	Smurna Beach FL	City & State NEW SMYRN	a Beach		I Number 9-3112134		Applied For Not Applicable	
321			Country		ertificate of Status Desired		3.75 Additional e Required	
	6. Name and Address of Current R			7. Na	rme and Address of New	v Registered Age	ent	
SHARABADI, MICHAEL 821 21ST AVE NEW SMYRNA BEACH, FL 32169				Street Address (P.O. Box Number is Not Acceptable)				
				FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its reg	gistered office or	registered ager	nt, or both, in the State of	Florida. I am fam	niliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	title if applicable. (NOTE: Re	g:stered Agent signatu	re required when rein	slating)	DATE		
<del> </del>			g	1				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 Ma Added to Fe				
10.	OFFICERS AND D	RECTORS	11.	ADD	ITIONS/CHANGES TO O	FFICERS AND DI	RECTORS IN 11	
TITLE	DP	☐ Delete	TITLE		,	<b>X</b>	Change Addition	
NAME	SHARABANI, MICHAEL W		NAME	20. 5	al Avenue			
STREET ADDRESS CITY-ST-ZIP	701 3RD AVE   NEW SMYRNA BEACH, FL 32169	)	STREET ADDRESS CITY-ST-ZIP	0212 NAW S	MURNA BE	oach FL	32169	
TITLE	DV	☐ Defete	TITLE		•	1	Change 🔲 Addition	
NAME	SHARABANI, ORIT		NAME	an t	al Avenu	(e	•	
STREET ADDRESS CITY-ST-ZIP	701 3RD AVE NEW SMYRNA BEACH, FL 32169	)	STREET ADDRESS CITY-ST-ZIP	NJAW 1	myrna Be	ach Fl	32169	
TITLE		☐ Delete	THTLE	,	211/20/29 20 0		Change	
NAME,		•	NAME					
STREET ADDRESS		and the second s	STREET ADDRESS	. جي د	***			
CITY-ST-ZIP			CITY-ST-ZIP				7.0	<del></del> -
TITLE NAME		☐ Delete	TITLE Name				Change Addition	
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Change

Addition

Addition