


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 455896 1. Entity Name ZAYAS MEN'S SHOP, INC.	
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Principal Place of Business 490 WEST 29TH STREET HIALEAH, FL 33012	Mailing Address 490 WEST 29TH STREET HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



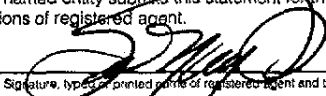
01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1551926	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZAYAS, JOSE 490 W. 29TH ST HIALEAH, FL 33012
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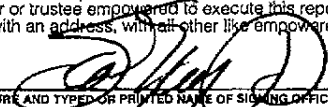
**DO NOT WRITE
IN THIS SPACE**

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 retaking) DATE 2/10/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000058355 02/20/04-80026-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAYAS, JOSE 15501 NW 82 PL MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAYAS, SARA 1125 W 33RD STREET HIALEAH, FL 00000, 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DIAZ, SARA ZAYAS 15562 NW 83RD AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/10/04 DAYTIME PHONE # 305-885-1102