# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2006**
**Secretary of State**

DOCUMENT# 681855

**Entity Name:** DYNASTY APPAREL INDUSTRIES, INC.

**Current Principal Place of Business:**

13000 NW 42 AVE
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13000 NW 42 AVE
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number: 59-2039420** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRANSCORPORATE SERVICES INC.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

MENDEZ, ARMANDO
13000 NW 42 AVE
MIAMI, FL 33054 US

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.

SIGNATURE: ARMANDO MENDEZ 01/16/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete
Name: MENDEZ, OVIDIO L
Address: 13000 N.W. 42 AVENUE
City-St-Zip: MIAMI, FL 33054

Title: EVD ( ) Delete
Name: MENDEZ, ARMANDO,
Address: 13000 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: PD ( ) Delete
Name: MENDEZ, IGNACIO,
Address: 13000 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete
Name: MENDEZ, CARIDAD F
Address: 13000 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO MENDEZ EVD 01/16/2006
Electronic Signature of Signing Officer or Director Date