


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 038 \*\*\*150.00

**DOCUMENT # P01000062392**

1. Entity Name  
**3 B USED CLOTHING INC.**



Principal Place of Business  
**1042 EAST 27 STREET  
 HIALEAH, FL 33013**

Mailing Address  
**1042 EAST 27 STREET  
 HIALEAH, FL 33013**

**94038713**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1116492**

Applied For  
 Not Applicable


Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAMIREZ, WILLY J  
 632 DESOTO DR  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name  
**Gonzalez, Miguel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1042 E. 27th Street**  
 City **Hialeah** **FL** **33013**

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:  DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD GONZALEZ, MIGUEL A 1885 W. FLAGLER STREET, SUITE 11 MIAMI, FL 33135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, WILLY J 1799 NW 22ND STREET MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, JESUS 1799 NW 22ND STREET MIAMI, FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

**SIGNATURE:**  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR