

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000045302 1. Entity Name MASH WEAR INC.		
Principal Place of Business 8004 NORTHWEST 154 STREET STE. #436 MIAMI FL 33016		Mailing Address 8004 NORTHWEST 154 STREET STE. #436 MIAMI FL 33016
2. Principal Place of Business 8004 NorthWest 154 ST	3. Mailing Address 8004 NorthWest 154 ST	
Suite, Apt. #, etc. STE # 436	Suite, Apt. #, etc. STE # 436	
City & State Miami FL	City & State Miami FL	
Zip 33016	Country	Zip 33016
Country		Country
4. FEI Number 74-3044697		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ECHENIQUE, ABEL 8004 NORTHWEST 154 STREET SUITE 436 MIAMI FL 33016		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		
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	PSTD ECHENIQUE, ABEL 8004 NORTHWEST 154 STREET STE.436 MIAMI FL 33016	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition



1st MOORE CR2E034 (10/05)

4. FEI Number **74-3044697** Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

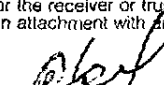
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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04/12/06-80028-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #