


**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P93000010841 1. Entity Name MO'S SWEATSHOP INC.	
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Principal Place of Business 6548 SE FEDERAL HWY STUART, FL 34997 US	Mailing Address 9835 SE FEDERAL HWY HOBE SOUND, FL 33455 US
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04282004 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE Number 65-0391674	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEBOEUF-BISHOP, MONIQUE  
8240 SWEETBAY DR.  
HOBE SOUND, FL 33455

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing) D-1E

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$650.00**

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	PT LEBOEUF-BISHOP, MONIQUE 8240 SWEETBAY DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BISHOP, DONALD 8240 SWEETBAY DR. HOBE SOUND, FL 33455
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**

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4/29/04-50035-005 150.00

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 667, 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 *Monique Leboeuf Bishop* *4/28/04* *772* *283 4432*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr