
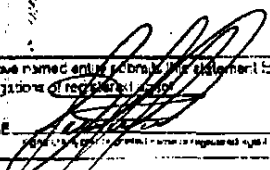
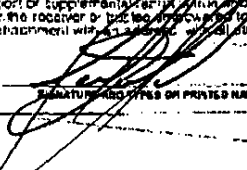


FILED
Jun 08, 2004 8:00 am
Secretary of State

05-07-2004 90132 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087307			
1. Entity Name A.C. SEWING MECHANIC, INC.			
Principal Place of Business 651 EAST 5TH STREET HIALEAH, FL 33010		Mailing Address 651 EAST 5TH STREET HIALEAH, FL 33010	
2. Principal Place of Business 651 EAST 5TH ST		3. Mailing Address Suite Apt # etc	
City & State Hialeah FL		City & State	
Zip 33010		Country FL	
4. FEI Number 65-0952692		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANO, ANGELA 651 EAST 5TH STREET HIALEAH, FL-33010		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is OK for Apt/Box)	
City		FL Zip Code	
8. The above named entity certifies 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 5/29/2004	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. I hereby certify that the information supplied in this filing is true and correct for the corporation stated in Section 1007(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplementally furnished is 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed in an attachment with an asterisk. I will advise the corporation if employed.			
SIGNATURE: 		DATE 5/29/2004	
SIGNATURE MUST BE TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR		DATE	