

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526007

FILED
Apr 18, 2007
Secretary of State

Entity Name: WESTCHESTER FABRICS, INC.

Current Principal Place of Business:

8571 CORAL WAY
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

8571 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1707435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELMAN, ELSA
8571 CORAL WAY
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GELMAN, ELSA
Address: 707 ANASTASIA
City-St-Zip: CORAL GABLES, FL

Title: SD () Delete
Name: RIVERO, ROSENDO S.
Address: 1550 SW 199 CT
City-St-Zip: MIAMI, FL 33184

Title: TD () Delete
Name: RIVERO, LUISA M.
Address: 1550 SW 119 CT
City-St-Zip: MIAMI, FL 33184

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:

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: ELSA GELMAN

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date