2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT #607609 Jul 28, 2008 08:00 AM Secretary of State SIR WINSTON GARMENTS, INC. Principal Place of Business Mailing Address 8111 NW 29 STREET 8111 NW 29 STREET MIAMI, FL 33122 MIAMI, FL 33122 07242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1884545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHALEFF, JACKIE DO NOT WRITE 2960 SURREY LANE WESTON, FL 33331 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS DP TITLE CHALEFF, JACKIE NAME STREET ADDRESS 2960 SURREY LANE FORT LAUDERDALE, FL 33331 CITY-ST-ZIP NAME U00000956506 07/28/08-80006-010 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/08 305-499-319

Daytime Phone #