

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90213 040 ***150.00

DOCUMENT # 652408 1. Entity Name PEPE AND BERTA CLOTHING, INC.					
Principal Place of Business 7295 S W 24TH ST MIAMI, FL 33155-1401 US			Mailing Address 7295 S W 24TH ST MIAMI, FL 33155-1401 US		
2. Principal Place of Business - No P.O. Box # 9804 SW 40st STREET		3. Mailing Address Suite, Apt. #, etc. 9804 SW 40st STREET			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		01102007 Chg-P CR2E034 (12/06)	
Zip 33165		Country US		4. FEI Number 59-1967679	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOCORRO, JORGE 7295 CORAL WAY MIAMI, FL 33135			7. Name and Address of New Registered Agent Name JORGE SOCORRO Street Address (P.O. Box Number is Not Acceptable) 9804 SW 40st STREET City MIAMI FL Zip Code 33165		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> JORGE SOCORRO PVP <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-10-07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 STREET ADDRESS CITY-ST-ZIP	PVP SOCORRO, JORGE 9021 SW 41ST STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOCORRO, INELVIS 9021 SW 41ST ST MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JORGE SOCORRO PVP <small>Date</small> 1-10-07 305-2217298 <small>Daytime Phone #</small>		