
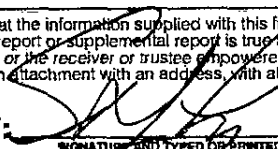


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K69993</b> 1. Entity Name <b>WESTBROOKE APPAREL CORPORATION</b>		
Principal Place of Business <b>2550 NORTH FEDERAL HWY STE 13 FORT LAUDERDALE, FL 33305</b>	Mailing Address <b>2550 NORTH FEDERAL HWY STE 13 FORT LAUDERDALE, FL 33305</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DIAZ, ROY A. 2691 E OAKLAND PARK BLVD STE 303 FT LAUDERDALE, FL 33306</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEBOWITZ, CATHERINE 2550 N. FERDERAL HWY FORT LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBOWITZ, STEVEN L 2550 N. FEDERAL HWY FORT LAUDERDALE, FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  <b>STEVEN L. LIEBOWITZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/5/05</b> <b>954-565-7419</b> <small>Date Daytime Phone #</small>



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0113719</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000308381  
04/15/05-80094-006 150.00

**DO NOT WRITE  
IN THIS SPACE**