


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90031 042 \*\*\*\*50.00

<b>DOCUMENT # L03000044185</b>	
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<b>1. Entity Name</b> MEDZWEAR LLC	<b>Principal Place of Business</b> 2109 HIGH ROAD TALLAHASSEE, FL 32303	<b>Mailing Address</b> 2109 HIGH ROAD TALLAHASSEE, FL 32303
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<b>2. Principal Place of Business</b> 7995 SW 17 <sup>th</sup> Tr Suite, Apt. #, etc. Miami, FL City & State	<b>3. Mailing Address</b> 7995 SW 17 <sup>th</sup> Tr Suite, Apt. #, etc. Miami, FL City & State
Zip 33155 Country USA	Zip 33155 Country USA

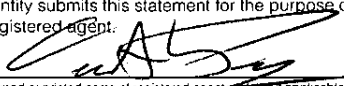
07062004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, CARLOS 2109 HIGH ROAD TALLAHASSEE, FL 32303
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<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.</b>
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)
DATE 8/8/04

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACELA, JERICK 22826 OAK KNOLL DR. CARSON, CA 90745 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, CARLOS 2109 HIGH ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7995 SW 17 <sup>th</sup> Tr. Miami, FL 33155
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
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
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
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

<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>
SIGNATURE:  (305) 710-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 7/8/04 Daytime Phone #