

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69064

FILED
Aug 14, 2008
Secretary of State

Entity Name: BISCAYNE APPAREL, INC.

Current Principal Place of Business:

413 CHURCHILL AVE N
OTTAWA, ONTARIO, CANADA
K1Z 5C7, XX

New Principal Place of Business:

413 CHURCHILL AVE N
OTTAWA, ON K1Z 5C7 CA

Current Mailing Address:

413 CHURCHILL AVE N
OTTAWA, ONTARIO, CANADA
K1Z 5C7, XX

New Mailing Address:

1400 BEGIN
ST. LAURENT, QB H4R1X1 CN

FEI Number: 65-0200397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FLOYD, PATRICIA
13916 BRAMBLE BUSH CT
ORLANDO, FL 32832 US

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: PATRICIA FLOYD

08/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRICE, IAN
Address: 413 CHURCHILL AVE N, OTTAWA, ONTARIO, CANA
City-St-Zip: K1Z 5C7, XX

Title: S () Delete
Name: MATOSSIAN, NICOLAS
Address: 413 CHURCHILL AVE N, OTTAWA, ONTARIO, CANA
City-St-Zip: K1Z 5C7, XX

Title: D () Delete
Name: PATERSON, DON
Address: 413 CHURCHILL AVE N, OTTAWA, ONTARIO, CANA
City-St-Zip: K1Z 5C7, XX

Title: D () Delete
Name: HARRISON, ROBERT
Address: 413 CHURCHILL AVE N, OTTAWA, ONTARIO, CANA
City-St-Zip: K1Z 5C7, XX

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IAN MORRICE

P

08/14/2008

Electronic Signature of Signing Officer or Director

Date