

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78025

Entity Name: MIAMI UNIFORMS, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

18683 MARLIN RD.  
SW 107TH AVE.  
MIAMI, FL 33157 US

## New Principal Place of Business:

## New Mailing Address:

10354 SW 187 ST  
BUILDING D, THE PALMS WAREHOUSE  
CUTLER BAY, FL 33157 US

## Current Mailing Address:

18683 MARLIN RD.  
SW 107TH AVE.  
MIAMI, FL 33157 US

FEI Number: 65-0215204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOHAMMAD, SHAMIM  
10354 SW 187TH ST BLDG D  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

MOHAMMAD, SHAMIM  
8831 SW 152 STREET  
PALMETTO BAY, FL 33157 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: MIKE MOHAMMAD

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PERRY, JENNIFER P  
Address: 10354 SW 187TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: DST ( ) Delete  
Name: ANGENE, JEANETTE M SEC  
Address: 18683 MARLIN RD  
City-St-Zip: MIAMI, FL 33157

Title: DV ( ) Delete  
Name: MOHAMAD, SHAMIM S V.P  
Address: 8831 SW 152ND STREET  
City-St-Zip: MIAMI, FL 33157

Title: DV ( ) Delete  
Name: LARGAESPADA, MARTHA V.P.  
Address: 5210 NW 5TH STREET  
City-St-Zip: MIAMI, FL 33126

## 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: MIKE MOHAMMAD

DV

04/29/2008

Electronic Signature of Signing Officer or Director

Date