


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L80692</b><br>1. Entity Name<br>SELUGAL CLOTHING INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6301 N.E. 4 AVENUE<br>MIAMI, FL 33138 US | Mailing Address<br>6301 N.E. 4 AVENUE<br>MIAMI, FL 33138 US |
|---|---|



04292008 No Chg-P CR2E034 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>65-0198616  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>GALDAMEZ, LUZ R<br>6301 NE 4TH AVENUE<br>MIAMI, FL 33138 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000938375  
05/27/08-80089-001 158.75

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GALDAMEZ, JOSE L.<br>36 BAYHEIGHTS DRIVE<br>MIAMI, FL 33133 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>GALDAMEZ, LUZ R.<br>36 BAYHEIGHTS DRIVE<br>MIAMI, FL 33133 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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: Luz R. Galdamez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2008  
Date

305 751 3403  
Daytime Phone #