

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90375 036 ****50.00



DOCUMENT # L99000005997

1. Entity Name
 DIRECT APPAREL FACTORIES INTERNATIONAL TRADE, L.L.C.

Principal Place of Business
 5430 NW 114TH AVE., #304
 MIAMI, FL 33178

Mailing Address
 5430 NW 114TH AVE., #304
 MIAMI, FL 33178



2. Principal Place of Business

3. Mailing Address

7801 NW 37ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

03312005 Chg-LLC CR2E083 (10/03)

City & State

MIAMI FL

4. FEI Number
 65-0949739

Applied For
 Not Applicable

Zip

Country

Zip

Country

33166 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW
 9200 S. DADELAND BLVD., STE 603
 MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

7801 NW 37ST # 203

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME SUAREZ, MARIO E PRESIDE
 STREET ADDRESS 10010 NW 44 TH TERRACE SUITE 109
 CITY-ST-ZIP MIAMI, FL 33178

TITLE Change Addition
 NAME 7801 NW 37ST # 203
 STREET ADDRESS MIAMI FLORIDA
 CITY-ST-ZIP 33166

TITLE MGRM Delete
 NAME GUTIERREZ, LUCY SECRET
 STREET ADDRESS 10010 NW 44 TH TERRACE SUITE 109
 CITY-ST-ZIP MIAMI, FL 33178

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VICE PRESIDENT Change Addition
 NAME BERNARDO GUTIERRES W.
 STREET ADDRESS CALLE 36A N 28057
 CITY-ST-ZIP CALI COLOMBIA

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-05 (305) 463-0705