

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M60955 1. Entity Name FLAMINGO FORMAL WEAR, INC.	
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FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 10526 S.W. 8TH ST. MIAMI, FL 33174	Mailing Address 10526 S.W. 8TH ST. MIAMI, FL 33174
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07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

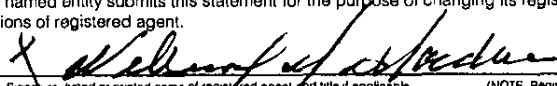
4. FEI Number 65-0009531	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONDACA, NELSON H
10526 SW 8TH STREET
MIAMI, FL 33174

**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:  U000000956019
07/22/08 00015-004 150.00
(NOTE: Registered Agent signature required when reinstating)

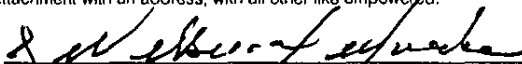
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MONDACA, NELSON H. 10526 SW 8TH STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____