FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 27, 2002 8:00 am Secretary of State

| | Jim Okin Booner | -33 KEFOK | (OBK) | | Secretary (| |
|---|--|---|---|---|--|--------------------------------|
| DOCUMENT # P00000041872 1. Entity Name | | | | | 05-27-2002 90396 0 | 34 ***150.00 |
| | TOTAL CLOTHING, | INC. | | | | |
| | | Herebinani | | 19:04 73:00 | | |
| | DO NOT WRITE | IN THIS S | PACE | | | |
| | | | 46175 | | | |
| 2. Principal Place of Business 3015 NW 79th Street 3015 NW 79th | | | h Stree | t i | | |
| Suite. Ap | t. #, etc. | Suite, Apt. #, etc. A-4, 5 | ≢, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State City & State | | | | 4. FEI Number Applied For | | Applied For |
| Miami, FL Zip Country | | Miámi, FL | | 65-1004471 | Not Applicable | |
| 33147 | US | 33147 | Country US | | Fee | 75 Additional Required |
| l' dhaif | | a program of the con- | Name | | Name and Address of Current Registered Age | ent |
| | DO NOT W | RITE | | Lee, Young Jae Cho Street Address (P.O. Box Number is Not Acceptable) | | |
| | | .o. box number is not Acceptable) | | | | |
| IN THIS SPACE 4965 SW 153rd Avenue | | | | | | |
| City | | | | | e FL Zip Code 33331 | |
| 8. The above | a named entity submits this statement for | the purpose of changing its | registered office of | or registere | ed agent, or both, in the State of Florida. | |
| SIGNATURE | Signatione bytes on printed marge of positioned agent a | and liftle if applificable. (NOTE | : Registered Agent signs | ilare recuired s | 4/30/01 | |
| 9. This corn | oration is eligible to satisfy its Intangible | | aval Feoils \$15 | | | |
| Tax filing | requirement and elects to do so. | After May | 1 Fee (8 \$550.0 1 UBR (8 \$61.25 | $t_{i}(t)$ | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| 11. | OFFICERS AND D | | | REPORT | | |
| TITLE | P | · _ | TIME I | | | |
| NAME STREET ADDRESS | Lee, Young Jae Cl 4965 SW 153rd Ave | | STREET ADDRESS | | | (12) |
| CITY ST ZIP | Davie, FL 33331 | enue | CITY-ST. ZIP | Toda S. J. | | CR2E034B (12/01) |
| TITLE NAME | , | | intert. | | | 3256 |
| STREET ADDRESS | | | NAME STREET ADDRESS | | | 0 |
| CITY - ST - ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | | aline 4.4.5. | 947 | | * |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | G _C |
| CITY-ST-ZIP | | | CITY-ST 7IP | | DO NOT WRITE | |
| TITLE | | | atrice at | | IN THIS SPACE | |
| NAME STREET ADDRESS | | | NAME . | | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | | |
| TITLE | | | emu e e e | recognization | | A A A |
| NAME STORES ADDRESS | | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | |
| TITLE | | | MILE & SALE | Table to A. | MARKET CREATER AND CHARLES TANK TO A STATE OF THE STATE O | |
| NAME | | | NAME - | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY ST. ZIP | | | |
| | ertify that the information supplied with the | nis filing does not qualify for t | KIRL No patient in particular at 118201 | distriction of the Comba | on 119 07(3)(i) Florida Standos I forther and | the information |
| indicated of the corp | on this report or supplemental report is tr poration or the receiver or trustee empor | ue and accurate and that my vered to execute this report | signature shall have as required by Ch | ave the sai | on 119.07(3)(i), Florida Statutes. I further certify that me legal effect as if made under oath; that I am an o Florida Statutes; and that my name appears in Bio | officer or director |