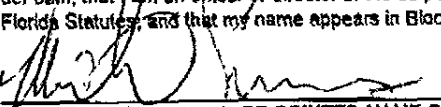


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED ATX1

May 01, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT #</b> P00000057887			
<b>1. Entity Name</b>			
EL HUARACHE CLOTHING, INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 11611 ELLISON WILSON RD.		<b>3. Mailing Address</b> 11611 ELLISON WILSON RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM BEACH GARDENS, FL		<b>City &amp; State</b> PALM BEACH GARDENS, FL	
<b>Zip</b> 33408	<b>Country</b> USA	<b>Zip</b> 33408	<b>Country</b> USA
		<b>4. FEI Number</b> 65-1016481	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name MICHAEL SUMMERS	
		Street Address (P.O. Box Number is Not Acceptable) 11611 ELLISON WILSON RD.	
		City PALM BEACH GARDENS <b>FL</b> Zip Code 33408	
<b>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.</b>			
<b>SIGNATURE</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution,	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SUMMERS, MICHAEL 11611 ELLISON WILSON RD. PALM BEACH GARDENS, FL 33408	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>12. 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 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>4/28/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

U00000552511  
05/15/06-80015-016 150.00