


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 037 ***150.00

DOCUMENT # P00000058077	
1. Entity Name F & B APPAREL CORPORATION	

Principal Place of Business 7850 NW 98 STREET HIALEAH GARDENS FL 33016	Mailing Address 7850 NW 98 STREET HIALEAH GARDENS FL 33016
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2. Principal Place of Business 8563 NW 72 St.	3. Mailing Address 8563 NW 72 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33166	Zip 33166
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1016218	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIMON, HECTOR 7850 NW 98 STREET HIALEAH GARDENS FL 33016	
7. Name and Address of New Registered Agent Name FLORIMON, HECTOR Street Address (P.O. Box Number is Not Acceptable) 8563 NW 72 STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PR	<input type="checkbox"/> Delete	TITLE FLORIMON, HECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORIMON, HECTOR		NAME FLORIMON, HECTOR	
STREET ADDRESS 35 WOODCREST DRIVE		STREET ADDRESS 35 WOODCREST DRIVE	
CITY-ST-ZIP MUTTONTOWN NY 11791		CITY-ST-ZIP MUTTONTOWN NY 11791	
TITLE VP	<input type="checkbox"/> Delete	TITLE BEATON, RICARDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEATON, RICARDO		NAME BEATON, RICARDO	
STREET ADDRESS 15803 SW 43RD ST		STREET ADDRESS 15803 SW 43RD ST	
CITY-ST-ZIP MIAMI FL 33185		CITY-ST-ZIP MIAMI FL 33185	
TITLE S	<input type="checkbox"/> Delete	TITLE FLORIMON, TONY B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORIMON, TONY B		NAME FLORIMON, TONY B	
STREET ADDRESS AVE LA PISTA ESQ DIEGO TRISTAN SANTO DOMIN		STREET ADDRESS AVE LA PISTA ESQ DIEGO TRISTAN SANTO DOMIN	
CITY-ST-ZIP DOMINICAN REP		CITY-ST-ZIP DOMINICAN REP	
TITLE TRS	<input type="checkbox"/> Delete	TITLE FLORIMON, JUAN T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORIMON, JUAN T		NAME FLORIMON, JUAN T	
STREET ADDRESS AVE LA PISTA ESQ DIEGO TRISTAN SANTO DOMIN		STREET ADDRESS AVE LA PISTA ESQ DIEGO TRISTAN SANTO DOMIN	
CITY-ST-ZIP DOMINICAN REP		CITY-ST-ZIP DOMINICAN REP	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICARDO BEATON V.P.** **2/8/05** **305-463-8080**
DATE: _____ DAYTIME PHONE: _____