


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90005 005 ***150.00

DOCUMENT # P00000099479 1. Entity Name D'OR WEAR, INC.	
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Principal Place of Business 1001 WEST 49TH STREET SUITE #2 HIALEAH, FL 33012	Mailing Address 1001 WEST 49TH STREET SUITE #2 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

40017496



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1050434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARENAS, MARIO 10880 SW 135 TERR MIAMI, FL 33176
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARENAS, MARIO 10880 S.W. 135TH TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARENAS, ELIZABETH 10880 S.W. 135TH TERRACE MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:  MARIO L. ARENAS 2/20/06	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		