2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100169

1. Entity Name DRESSING UP USA, CORP.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

2035 NW 22ND COURT MIAMI, FL 33142 Mailing Address

2035 NW 22ND COURT MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

03292007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
65-1050432			Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JORGE 10770 NW 66TH STREET #512 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

WIAWI, FL 33170					
8. The above the obligat	named entity submits this statement for the pricions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE 10770 NW 66TH STREET #512 MIAMI, FL 33178				
TITLE					
NAME STREET ADDRESS					UCCOCCALOCC
CITY-ST-ZIP					U00000719026 - 05/01/07-80045-015 150.0
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP				DO N	NOT WRITE
TITLE					
NAME				IN II	HIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					

12. Thereby 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 reportistrue 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 twine 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 appears, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D'TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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