

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033413

Entity Name: STIGMA WEAR, INC.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

8269 NW 54TH ST.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8269 NW 54TH ST.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1094847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEWANI, JAMNU
7244 SW 72 STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEWANI, JAMNU
Address: 7244 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: TEWANI, VIMLA
Address: 7244 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: TEWANI, SURESH
Address: 7244 SW 72 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMNU TEWANI

P

01/09/2004

Electronic Signature of Signing Officer or Director

Date