2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000046107 05-04-2004 90209 007 ***150.00 D. & P. CLOTHING IMPORT, INC. Principal Place of Business Mailing Address 5715 RODMAN ST 5715 RODMAN ST 44044144 HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 2. Principal Place of Business 3. Mailing Address 5800 Hollywood Blv 5800 Hold 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1105101 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 1) SA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, MARIA H Street Address (P.O. Box, Number is Not A 5715 RODMAN ST 5800 Hollyward HOLLYWOOD, FL 33023 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered effect, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ST TUTLE ☐ Delete TITLE **X** Change Sakmiento, Uldarico 5800 Hollywood Blud . St. 2110 B-6161 SARMIENTO, ULDARICO NAME NAME 5715 RODMAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP? HOLLYWOOD, FL 33023 CITY-ST-ZIP Hollywood TITLE ☐ Delete TITLE Maria H. Change DIAZ, MARIA H NAME NAME 5 800 Hollywood Blod Ste 2110 B-616 5715 RODMAN ST STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE DEGEARE, SANDRA E NAME. 5715 RODMAN ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OF Daytime Phone

FILED

May 04, 2004 8:00 am