

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90262 024 \*\*\*150.00

**DOCUMENT # P01000092982**

1. Entity Name  
**MY SHOP USA CLOTHING DEPARTMENT, INC.**



Principal Place of Business  
**2860 W. 80 STREET #106  
 HIALEAH, FL 33018**

Mailing Address  
**2860 W. 80 STREET #106  
 HIALEAH, FL 33018**

2. Principal Place of Business - No P.O. Box #  
**7438 W 32 LN**

3. Mailing Address  
**7438 W 32 LN**

Suite, Apt. #, etc.

City & State  
**HIALEAH, FL**

City & State  
**HIALEAH, FL**

Zip  
**33018**

Country  
**DADE**

Zip  
**33018**

Country  
**DADE**

**40077403**



01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1147020**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, JOSE A  
 2993 W 80 ST. #1  
 HIALEAH, FL 33018-7244**

**7. Name and Address of New Registered Agent**

Name  
**JOSE A. MARTINEZ**

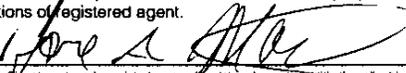
Street Address (P.O. Box Number is Not Acceptable)  
**7438 W 32 LN**

City  
**HIALEAH**

State  
**FL**

Zip Code  
**33018**

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  **JOSE A. MARTINEZ PRESIDENT** **3-10-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

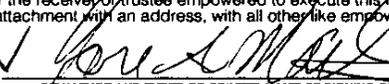
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, JOSE A 7438 W 32 LN HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERALTA, FRANCISCA C 7438 W 32 LN HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOSE A. MARTINEZ** **3-10-07** **305-892-0262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #