


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90069 026 \*\*\*150.00

DOCUMENT # P01000109246 1. Entity Name  NINA'S INTIMATE APPAREL,CORP.	
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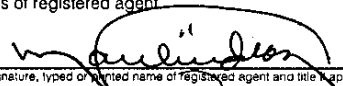
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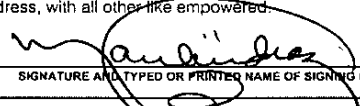
2. Principal Place of Business 777 NW 72nd Ave Suite, Apt. #, etc. Ste 3 F 12 City & State Miami, FL Zip 33126		3. Mailing Address 777 NW 72nd Ave Suite, Apt. #, etc. Ste 3 F 12 City & State Miami, FL Zip 33126		4. FEI Number 65-1154853	Applied For <input type="checkbox"/> Not Applicable
Country Miami-Dade		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Diaz, Maria Elena	
	Street Address (P.O. Box Number is Not Acceptable) 777 NW 72nd Ave Suite 3 F 12	
	City Miami Dade	FL Zip Code 33126

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  Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$250.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diaz, Maria Elena 777 NW 72nd Ave Suite 3 F 12 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034B (12/02)