2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025940

Name:

Address:

City-St-Zip:

BULIT, ROSA MARIA

13536 SW 9 LANE

MIAMI, FL 33184

Entity Name: APPERL FASHION WEAR, INC.

FILED Apr 12, 2008 Secretary of State

Entity Nai	ne: APPER	RL FASHION WEAR, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
13536 SW 9 LANE MIAMI, FL 33184				7795 W. FLAGLER STREET SUITE 18 MIAMI, FL 33144		
Current Mailing Address:				New Mailing Address:		
13536 SW MIAMI, FL			SUIT	W. FLAGLER STF E 18 11, FL 33144	REET	
FEI Number:	04-3737937	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Des	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	9 LANE 33184 L	IS ty submits this statement for th	e purpose of char	ging its registered	office or registered ager	nt, or both,
SIGNATUI	RE:					
	npaign Finan	ronic Signature of Registered Acing Trust Fund Contribution ().			Date	
OFFICERS Title: Name:	PD DIAZ, MANU	() Delete	Title:	PD (S TO OFFICERS AND I X) Change () Addition	DIRECTORS:
Address: City-St-Zip:	13536 SW 9 MIAMI, FL 3	LANE	Addres City-S	ss: 13536 SW 9 I	LANE	
Title: Name: Address: City-St-Zip:	VD DIAZ, MANU 13536 SW 9 MIAMI, FL 3	LANE	Title: Name Addre: City-S	ss:) Change () Addition	
Title [.]	TD	() Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL DIAZ P 04/12/2008