FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91889 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069633

1. Entity Name
RAW TALENT/NATY WEAR, INC.

Principal Place of Business	Mailing Address
3616 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	3616 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312

11040520

2. Principal Place of Business	3. Mailing Address
20717 N. St. Rd. 7	1219 N. St. Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State LAUDERHILL, FL
Zip 33169 Country	Zip 33313 Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number [X] Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLOWAY, DIANE 3616 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	Name DIANE GALLOWAY
	Street Address (P.O. Box Number Is Not Acceptable) 1219 N. St. Rd. 7
	City Lauderhill FL Zip Code 33313

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] 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	[ ] Delete	TITLE	D	[X] Change [ ] Addition
NAME	GALLOWAY, DIANE		NAME	DIANE GALLOWAY	
STREET ADDRESS	3616 W. BROWARD BLVD.		STREET ADDRESS	1219 N. ST. RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		[ ] Delete	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		
TITLE		[ ] Delete	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		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #