2007 FOR PROFIT CORPORATION

FILED 00 Al ate

ANNUAL REPORT				Mar 19, 2007 08:		
1. Entity Nam	MENT # P020001158 PRTSWEAR OF FLORIDA, IN				Secretary of	i St
Principal Place of Business 7550 BAYSIDE LANE MIAMI, FL 33141		Mailing Address 7550 BAYSIDE LANE MIAMI, FL 33141				
		1		02052007 No Chg-P CR2E034 (11/05)		
Simple of the state of the stat	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 13-4229422 5. Certificate of Status Desir	Applied Not Applied S8.75 Additional Fee Required	olicable
	6. Name and Address of Current Re	gistered Agent				
FULLUM, TIMOTHY 15108 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912 8. The above named entity submits this statement for the purpose of changing its register				DO NOT	SPACE	The second secon
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and		ed office of register	•	ot Fiorida. I am Iamiliar with, and a	—
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	2 4 5 · ·	an expense.		4 161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLUM, TIMOTHY 7550 BAYSIDE LANE MIAMI, FL 33141			000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				**************************************	u(~80032~002 130.)	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAMESTREET ADDRESS						

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR