FILED
Apr 17, 2003 8:00 am
Secretary of State
03-31-2003 90309 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116813

1. Entity Name
GARMENT ENTERPRISES CORP.

Principal Place of Business	Mailing Address
C/O MICHAEL ORTIZ 2121 PONCE DE LEON BLVD, STE 330 CORAL GABLES, FL 33134	C/O MICHAEL ORTIZ 2121 PONCE DE LEON BLVD, STE 330 CORAL GABLES, FL 33134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2333 Brickel Ave	2630 NE 203RD ST
Suite, Apt. #, etc. 1407	Suite, Apt. #, etc. 106
City & State Miami Florida	City & State Aventura Florida
Zip 33129 Country	Zip 33180 Country

4. FEI Number 06-1663345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD, STE 330
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name Millennia Consulting Services
Street Address (P.O. Box Number is Not Acceptable) 2630 NE 203 RD ST #106
City Aventura FL Zip Code 33180

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] DATE 03-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ortiz Michael 2121 Ponce de Leon Blvd. #330 Coral Gables, FL. 33134. ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Boldin, Carlos E. 2333 Brickell Ave. #1407 Miami FL. 33129. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 03-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #