


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 024 ***158.75

DOCUMENT # P02000124591	
1. Entity Name APPAREL CONSULTANT, INC.	

Principal Place of Business 555 NORTHWEST 27TH STREET MIAMI, FL 33127	Mailing Address 555 NORTHWEST 27TH STREET MIAMI, FL 33127
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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04082008 Chg-P CR2E034 (12/06)



4. FEI Number 45-0491542	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOTANA, RAUL 555 NORTHWEST 27TH STREET MIAMI, FL 33127	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

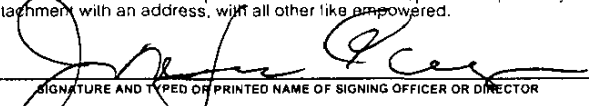
SIGNATURE	DATE
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CAMARAZA, JOSEFINA
STREET ADDRESS	1865 BRICKELL AVENUE TH4
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D <input type="checkbox"/> Delete
NAME	CAMARAZA, JORGE
STREET ADDRESS	1865 BRICKELL AVENUE TH4
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D <input type="checkbox"/> Delete
NAME	COLLAZO, RICARDO
STREET ADDRESS	9997 SOUTHWEST 147TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	COLLAZO, ELIZABETH
STREET ADDRESS	9997 SOUTHWEST 147TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: 4-16-08	Daytime Phone #: 305-691-2200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		