

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P02000126658

1. Entity Name  
GARMENTS & GARMENTS CORP.



05-24-2005 90002 001 \*\*\*550.00  
05-24-2005 90002 002 \*\*\*\*\*8.75

Principal Place of Business  
2121 PONCE DE LEON BLVD, STE 240  
CORAL GABLES, FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD, STE 240  
CORAL GABLES, FL 33134

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

05122005 Chg-P CR2E034 (10/03)

4. FEI Number  
55-0808526

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD, STE 240  
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME GIRALDO, LILLYANA  
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 240  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE STD ☒ Delete  
NAME DONADO, PABLO  
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 240  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME MONICAMARIA DEL ROSARIO URIBE  
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 240  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE STD ☐ Change ☒ Addition  
NAME RUTH WAGNER DE ESKENAZI  
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 240  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-12-05

Date

May 12. 305-444-8833

Daytime Phone #