2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126658

Entity Name: GARMENTS & GARMENTS CORP.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. STE 240 STE 240

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD, 2121 PONCE DE LEON BLVD.

STE 240 STE 240 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 55-0808526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO, PA 2121 PONCE DE LEON BLVD, STE 240 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Address:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

URIBE DEL ROSARIO, MONICA MARIA Name: 2121 PONCE DE LEON BLVD., STE 240 Address:

City-St-Zip: MIAMI, FL 33134

() Delete Title: DE ESKENAZI, RUTH WAGNER Name: 2121 PONCE DE LEON BLVD., STE 240 Address:

MIAMI, FL 33134 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: (X) Change () Addition URIBE DEL ROSARIO, MONICA MARIA Name: 2121 PONCE DE LEON BLVD., STE 240

City-St-Zip: MIAMI, FL 33134 US

Title: (X) Change () Addition DE ESKENAZI, RUTH WAGNER Name: Address: 2121 PONCE DE LEON BLVD., STE 240

MIAMI, FL 33134 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA MARIA URIBE DEL ROSARIO PD 04/22/2009