2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 048 ***150.00

DOCUMENT# P03000064974

1. EntityName
CITYLIFECLOTHINGCOMPANY

PrincipalPlaceofBusiness	MailingAddress
345 N.W. 60 AVENUE MIAMI, FL 33126 US	345 N.W. 60 AVENUE MIAMI, FL 33126 US

04272004 Chg-P CR2E034(10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
1852 NW 21 ST.		1852 NW 21 ST.	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State: MIAMI FL.		City&State: MIAMI FL.	
Zip: 33142	Country: USA	Zip: 33142	Country: USA

4. FEINumber: 20-0041886 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GARCIA,ANGIER
~~345N.W.60AVENUE~~
MIAMI,FL33126

7. NameandAddressofNewRegisteredAgent

Name: ANGIE R GARCIA
StreetAddress (P.O.BoxNumberisNotAcceptable): 1852 NW 21 ST.
City: MIAMI **FL** ZipCode: 33142

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthe State of Florida. Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE A Garcia AUGIE R. GARCIA PRESIDENT 4-27-04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	P GARCIA,ANGIER ~~345N.W.60AVENUE~~ MIAMI,FL33126 ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	P D S ANGIE R. GARCIA 1852 NW 21 ST. MIAMI FL. 33142 ☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	VP D T RODRIGO CURREA 1852 NW 21 ST. MIAMI FL. 33142 ☐ Change ☒ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: A Garcia ANGIE R. GARCIA PRES. 4-27-04 305 5495445 786 3022489
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#