2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PE

SIGNATURE:

with all other like empowered.

NTÉD NAME OF SIGNING OFFICER OR DIRECTOR

Mar 03, 2004 8:00 am Secretary of State DOCUMENT # P03000069654 1. Entity Name 🗻 🦡 03-03-2004 90006 034 ***150.00 TADEO'S UNDERWEAR INC... Principal Place of Business Mailing Address 2301 COLLINS AVENUE #A-1022 2301 COLLINS AVENUE #A-1022 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business 2301 Callius Ave 2301 CBL:LIS Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) ≠ A-730 36*F* − 1 #= City & State 4 FEI Number 45-0530954 City & State Applied For WASE WALL MAH. Flowga Not Applicable Zip ountry \$8.75 Additional 5. Certificate of Status Desired 33139 331<u>3</u>2 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ESPINALES, JOSE** Street Address (P.O. Box Number is Not Acceptable) 111-A SW 107 AVENUE **MIAMI FL 33174** Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete President Addition TITLE TITLE AHTGIM AUGOU NAME TALASEK, MARIA D NAME STREET ADDRESS 2301 COLLINS AVENUE #A-1022 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP ☐ Change Addition Delete TITLE TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

02.09.04

FILED