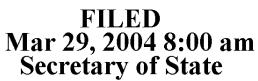
2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P03000080522 1. Entity Name CLOTHING MANAGEMENT, INC.				03-29-2004 90046 025 ***150.00				
Principal Plac	e of Business	Mailing Address	-	1	4.4	021050		
777 N.W. 72ND AVENUE		777 N.W. 72ND AVENUE MIAMI, FL 33126		44021976				
		I						
		3. Mailing Address 777 NW 72 MANE						
Suite, Apt. #, etc.		Suite, Apt. #, etc. AH13		02242004	Chg-P	CR2E034 (10/03)		
City & State		City & State M. Am. FL		4. FEI Number	3126161	Ap No	oplied For ot Applicable	
Zip	Country	33126	Country	5. Certificate	of Status Desired	S8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New I	Registered Agent		
PILLINGER, RICHARD S 3300 UNIVERSITY DRIVE SUITE 901				Name ATHY CHASSON Street Address (P.O. Box Number is Not Acceptable) 777 NW 72 And				
CORAL SPRINGS, FL 33065			Surt	e 2H				
			City MIA	mi Fl		FL Zp Cod	e L 6	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regist	ered agent, or bo	h, in the State of Fi	orida. I am familiar with,	and accept	
SIGNATURE.	lions of registered agent.	nd title if applicabile. (NOTE	Registered Agent signature requir	ed when reinstating)	3/	24/04		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be ided to Fees				
10.	OFFICERS AND I		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE. Name	D HORESH, LISA	clete	TITLE NAME			Change	Addition	
STREET ADDRESS	777 N.W. 72ND AVENUE		STREET ADDRESS					
C(TY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	CHASSON, CATHY		NAME					
STREET AODRESS CITY-ST-ZIP	777 N.W. 72ND AVENUE MIAMI, FL 33126		STREET ADDRESS ONY-ST-ZIP					
TITLE	1407444,12 33123	□ Defele	TITLE			☐ Change	Addition	
NAME		L Delac	NAME			C) Overigo	L. Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	***************************************	<u></u>	CITY-ST-ZIP	*****	·			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CNY-ST-ZIP		*****	CINY-ST-ZIP		***			
TITLE		☐ Delete	1/H.E			☐ Change	Addition	
NAME CORET ADDRESS			NAME PERSON APPRISAD					
STREET ADDRESS OFFY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITUE		☐ Delete	TITLE		*****	Change	Addition	
NAME			NAME					
STREET ADDRESS			- ctnc+++nnncnn					
			STREET ADORESS					
CNY-S1-ZIP	certify that the information supplied with to the control of supplemental report is control or supplemental report is	this filling does not qualify for	CIDY-ST-ZIP	Section 119 07/2V	i) Florida Statutos	I further certify that the i	nformation	

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 a readings, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

Daytime Phone #