**2004 FOR PROFIT CORPORATION** 

, ANNUAL REPORT (AR)				_ Apr 26. 1	2004 8:00 am
DOCUMENT # P03000157214  1. Entity Name				Apr 26, 2004 8:00 am Secretary of State	
RBC FOC	OTWEAR, INC.			1 04-20-2004 :	90545 028 ****130.00
Principal Plac	ce of Business	Mailing Address		1	
12101 SW 8		12101 SW 82ND AVE.			
MIAMI FL 3		MIAMI FL 33156		 	### 87777 (1987 8### 1887   1887   1887 8## 8# 1887 8# FEE
2. Principal Place of Business 70 Th et 4152 SW 70 th et			10th et		
Suite, Apt.		Suite, Apt. #, etc.		MOORE	CR2E034 (11/03)
City & Stat	, , ,	City & State	FL	4. FEI Number 01-05 8 3339	- Applied For Not Applicable
Zip 33	155 Country		Country	5. Certificate of Status Desired	- \$9.75 Additional
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New	·
-Name - NEW ADDINED - CAME ACCUS					
BERREDO, ROBERTO C 12101 SW 82ND AVE. MIAMI FL 33156			Street Address	(P.O. Box Number is Not Acceptal	
	WHI 1 E 00100		City 40 / 0		Zip Code
			JUL A		FL 33176
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 STABLE ? - ROBERTO BERREDO - PRISIDENX 4/21/04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.					
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 11
TITLE	PD BERREDO, ROBERTO C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	12101 SW 82ND AVE.		NAME STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE .	SVD	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	BERREDO, DEISE C' 12101 SW 82ND AVE.		NAME Street Address		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS		a so the second second	NAME STREET ADDRESS		or on the second distribution of the second
CITY-ST-ZIP			CITY-ST-ZIP		<u>.</u>
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ROBENTO BERNEDO - Pris. 4/21/04 (305) 167.3770					
SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					

**FILED**