

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067784

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOOD INTERNATIONAL STREET WEAR INC.

Current Principal Place of Business:

6120 PAINTED LEAF LANE
NAPLES, FL 34116

New Principal Place of Business:

5465 STABLE WAY
NAPLES, FL 34114

Current Mailing Address:

6120 PAINTED LEAF LANE
NAPLES, FL 34116

New Mailing Address:

5465 STABLE WAY
NAPLES, FL 34114

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DIANA L
6120 PAINTED LEAF LANE
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

TURNER, BRIAN S
5465 STABLE WAY
NAPLES, FL 34114 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: BRIAN S. TURNER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, BRIAN S PRES
Address: 5465 STABLE WAY
City-St-Zip: NAPLES, FL 34114 US

Title: D () Delete
Name: HIPWELL, JEFF DIRECTO
Address: 935 N. WATERFORD DRIVE, #202
City-St-Zip: NAPLES, FL 34104 US

Title: D (X) Delete
Name: MILLER, MARCUS J DIRECTO
Address: 5465 STABLE WAY
City-St-Zip: NAPLES, FL 34114 US

Title: D (X) Delete
Name: GARRETT, SEAN B DIRECTO
Address: 5465 STABLE WAY
City-St-Zip: NAPLES, FL 34114 US

Title: S (X) Delete
Name: TURNER, DIANA SEC
Address: 6120 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRUZ, CARMEN DIRECTO
Address: P O BOX 1396
City-St-Zip: ESTERO, FL 33928 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BRIAN S. TURNER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date