2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

3/2

1. Entity Nan	ne.	# P.0600002 MENT'S INC	25495				03-23-2	007 90032	.047 **	**150.00
Principal Place of Business Mailing Address										
60 NW 37 A' APT 905	VE		60 NW 37 AVE							
MIAMI, FL 33125 US MIAMI, FL 33125 US							II 1111 III 1111 III 1	18 73 1181 1 11811 1780	01818 (DTAL) 1	73 IL 10 JOSh
Principal Place of Business - No P.O. Box # 3. Malling Address										
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			03152007	Chg-P	CR2E034		
City & State			City & State	City & State			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7682 7		oplied For of Applicable
Złp		Country	Zip	Cour	ntry .	5. Certificat	e of Status Desired		8.75 Adi	illional
B. Home and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ARTOLA, EDUARDO 60 NW 37 AVE					Street Address (P.O. Box Number is Not Acceptable)					
APT 905 MIAMI, FL	33125									
	÷							FL	Zip Cod	9
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.										
une obligati	DOTES OF TOURS	tereu agarit.								
SIGNATURE.	Signature, typed	or privated names of registered age	re and the Proposition	NOTE: Registers	nd Agent Signature require	d when reineading)		DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	P	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OF			
TITLE NAME	1 '	EDUARDO	☐ Delete	ITTL	- 1				Change	☐ Addition
STREET ADDRESS		AVE - APT 905		STR	EET ADDRESS					
CITY-ST-ZEP	MIAMI, FI	_ 33125		ELL.	-ST-ZP					
TITLE NAME	1		☐ Delete	£ £			L	Change	Addition	
STREET ADDRESS	ĺ				ET ADDRESS					
८३१-इ ग- य•					-51-ZP			<u>_</u> _		
TITLE NAME			☐ Delete	TTTL NAM	L] Change	Addition \
STREET ADDRESS	1			STR	ET ADDRESS					
CITY-ST-ZIP	-			CAT 1	- ST - ZIP		. 			
TITLE			☐ Delete	III.	L] Change	Addition
STREET ADDRESS					ET ADDRESS					1
CRY-ST-ZIP				_	- 51 - 217					
TITLE, NAME	ļ		☐ Delete	TIT). Nav] Change	Addition
STREET ADDRESS	ŀ				ET ADDRESS					
CITY-51-ZIP		·		CETY	-ST-ZIP					
TITLE NAME			Delete	TITL NAV] Change	Addition
STREET ADDRESS CITY-ST-ZIP	1			STRE	ET ACCRESS					
12 I hereby	Certify that th	e information supplied w	Ith this filling does not must	te for the ev	-ST-ZIP	d in Chenter 11	O Florida Statutor	I furner name:	that the !-	domenti
indicated of the cor changed	i on this reportion or to poration or to , or on an atti	the receiver or trustae em achment with an address	ith this filling does not qualif its true and accurate and the powered to execute this rep s, with all other like empower	iat my signa cort as requi red.	ture shall have the red by Chapter 80	same legal effe 7, Florida Statut	e, monde statutes, ct as if made under es; and that my nar	oath; that I am ne appears in B	ener one in an officer lock 10 or	or director Block 11 If
í										
SIGNAT	TURE: 🌡	SIGNATURE AND TYPED OF	LEANIFEST KANEE OF BIGHING OF FR				Dese		ne Phone é	