

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029194

Entity Name: RASTAWEAR INC

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

9734 NW 65TH ST.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

9734 NW 65TH ST.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-4407643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MORRIS S
9734 NW 65TH ST.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, MORRIS S
Address: 2226 N CYPRESS BEND DRIVE # 210
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: WILSON, WALLACE S
Address: 2226 N CYPRESS BEND DRIVE # 210
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: WILSON, HARRIS S
Address: 2226 N CYPRESS BEND DRIVE # 210
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: WILSON, HONEST S
Address: 2226 N CYPRESS BEND DRIVE # 210
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, MORRIS S
Address: 9734 NW 65TH STREET
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: WILSON, WALLACE S
Address: 3432 NW 86TH WAY APT. 203D
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: WILSON, HARRIS S
Address: 3432 NW 86TH WAY APT. 203 D
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: WILSON, HONEST S
Address: 3432 NW 86TH WAY APT. 203 D
City-St-Zip: SUNRISE, FL 33351

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: MORRIS S WILSON

D

01/05/2008

Electronic Signature of Signing Officer or Director

Date