

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029194

Entity Name: RASTAWEAR INC

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

9734 NW 65TH ST.  
TAMARAC, FL 33321

## New Principal Place of Business:

4630 N. HIATUS ROAD  
SUNRISE, FL 33351

## Current Mailing Address:

9734 NW 65TH ST.  
TAMARAC, FL 33321

## New Mailing Address:

4630 N. HIATUS ROAD  
SUNRISE, FL 33351

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:

WILSON, MORRIS S  
4630 N. HIATUS ROAD  
SUNRISE, FL 33351 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:

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, MORRIS S  
Address: 4630 N. HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition  
Name: WILSON, WALLACE S  
Address: 801 THREE ISLANDS BLVD, #414  
City-St-Zip: HALLANDALE, FL 33351

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: MORRIS SANTIAGO WILSON

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date