



2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2007-90048-034-\$150.00-\$150.00

FILED

07 JUN 18 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000064679					
1. Entity Name MIDORI APPAREL COMPANY					
Principal Place of Business 4000 PONCE DE LEON BLVD SUITE #470 CORAL GABLES, FL 33146				Mailing Address 4000 PONCE DE LEON BLVD SUITE #470 CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RASHEED, ZEEBA 4000 PONCE DE LEON BLVD SUITE #470 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL	Zip Code		
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 _____		DATE _____			
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when registering.)			



04292007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASHEED, ZEEBA			NAME			
STREET ADDRESS	4000 PONCE DE LEON BLVD, SUITE #470			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
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 exemptions contained 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 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: *Zeeba* President. 305-754-4200.