**2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # P07000094547  1. Editiy Nama				Jan 31, 2008 08:00 A Secretary of State
HANGERS R US INC			Secretary of Stat	
Principal Plac	ce of Business	Mailing Address		
2299 SW 27 AVE., STE. 200 MIAMI FL 33145		2299 SW 27 AVE., S' MIAMI FL 33145	re. 200	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Z:p	Country	5. Certificate of Status Desired   S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
0.00	FOEL GLITSEDA DA		Name	
184	EGEL & UTRERA, P.A. 10 SW 22ND ST. 1 FLOOR		Street Addres	ss (P.O. Box Number is Not Acceptable)
	MI FL 33145			
			City	FL Zip Code
	e named entity submits this statement fo itions of registered agent.	r the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Squature, typed or airmed heave of registered never	udita i missais (6) <sup>c</sup>	** C	
		and the Hampicasia. (NO	TE: Registered Agord eightefurn regi	pred when reinstalling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIFLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MASTRAPA, ROBERT D. 2299 SW 27 AVE., STE. 200 MIAMI FL 33145		NAME STREFT ADDRESS CITY-ST-780	U00000807853 02/07/08-80025-009 150.00
TITLE	VP ·	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	MASTRAPA, ROBERT D. 2299 SW 27 AVE., STE. 200	_ o. sic	NAME STREET ADDRESS	
OITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP	
TITLE NAME _		☐ De∙ete	DILC NAME	☐ Change ☐ Acidition
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	•
TOTE		☐ Delete	LILLE	☐ Change ☐ Addition
NAME STORET ADDOLOG			NAME CARGET ASSOCIACE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-GI-ZIP	
IILE		☐ Derele	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME PROFES ANYON OF	
CITATEL SIS			STREET ADORESS CITY-ST-ZIP	
TITUE		☐ tieiele	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME CARLET AREACON	
CITY -S1-ZIP			STREET ADDRESS CHY-ST-ZIP	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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:

ROBERT. D. MASTRAPA. 01-25-08
SHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLLARS OF SIGNING OFFICER OR DIRECTOR

DOLLARS OF SIGNING OFFICER OR DIRECTOR

(305) 860-1001