


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90212 050 \*\*\*150.00

<b>DOCUMENT # P07000130166</b> 1. Entity Name <b>H F MEN'S WEAR INC</b>					
Principal Place of Business <b>12632 US HWY 301</b> <b>DADE CITY, FL 33525 US</b>			Mailing Address <b>12632 US HWY 301</b> <b>DADE CITY, FL 33525 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>26-1647056</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>MUHAMMAD, ARWA T</b> <b>36710 LAKE PASADENA RD</b> <b>DADE CITY, FL 33525</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D <input type="checkbox"/> Delete <b>MUHAMMAD, ARWA T</b> <b>36710 LAKE PASADENA RD</b> <b>DADE CITY, FL 33525</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D <input type="checkbox"/> Delete <b>MUHAMMAD, SHAWQUI</b> <b>36710 LAKE PASADENA RD</b> <b>DADE CITY, FL 33525</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>MUHAMMAD, SAMMER</b> <b>36710 LAKE PASADENA RD</b> <b>DADE CITY, FL 33525</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>MUHAMMAD, AHMAD S</b> <b>36710 LAKE PASADENA RD</b> <b>DADE CITY, FL 33525</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Shawqui Muhammad</u> <b>4-28-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					