

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037256

Entity Name: CLOAK APPAREL, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

620 NW 189 TERRACE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

620 NW 189 TERRACE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 26-2393463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IPEAN LAW, P.L.
1031 IVES DAIRY ROAD
228
MIAMI, FL 33179 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: P () Delete
Name: MUKASA, EBONIE
Address: 620 NW 189 TERRACE
City-St-Zip: MIAMI, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: MUKASA, EBONIE CEO
Address: 620 NW 189 TERRACE
City-St-Zip: MIAMI, FL 33169 US

Title: MR. () Change (X) Addition
Name: MUKASA, SAMUEL CFO
Address: 620 NW189TH TERRACE
City-St-Zip: MIAMI, FL 33169 US

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: SAMUEL MUKASA

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

Date