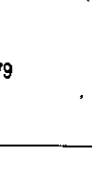


FILED
Mar 19, 2003 8:00 am
Secretary of State

70030400

DOCUMENT # P94000044557		
1. Entity Name R & G DISCOUNT UNIFORMS, INC.		
Principal Place of Business 19231 NE 19 PL N MIAMI BEACH FL 33179 US		Mailing Address 19231 NE 19 PL N MIAMI BEACH FL 33179 US
2. Principal Place of Business		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		
SCHWEIFEL, GARY 19231 NE 19 PL N MIAMI BEACH FL 33179		Name <hr/> Street Address (<hr/> City
8. The above named entity submits this statement for the purpose of changing its registered office or registering agent. Signature _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>		
<p>FILE NOW!!! FEE IS \$150.00</p> <p>After May 1, 2003 Fee will be \$550.00</p> <p>Make Check Payable to Florida Department of State</p>		
10. OFFICERS AND DIRECTORS		11.
TITLE PD NAME SCHWEIFEL, GARY STREET ADDRESS 19231 NE 19 PLACE CITY-ST-ZIP MIAMI FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

305-933-6336

CR2E034 (10/02)