

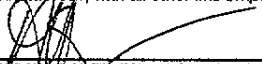


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000085224</b>			<b>DO NOT WRITE IN THIS SPACE</b>	
1. Entity Name H. D. KNITTING, INC.				
Principal Place of Business 7621 NW 37TH AVE MIAMI, FL 33147 US		Mailing Address 7621 NW 37TH AVE MIAMI, FL 33147 US		
<b>DO NOT WRITE IN THIS SPACE</b>				
		04142004 No Chg-P CR2E034 (10/03)		
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 65-0537842		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  KATTAN, ABRAHAM 7621 NW 37TH AVE MIAMI, FL 33147				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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				
TITLE	D			
NAME	KATTAN, ABRAHAM			
STREET ADDRESS	7621 NW 37TH AVE			
CITY-ST-ZIP	MIAMI, FL 33147			
TITLE	D			
NAME	KATTAN, RAHAMIN			
STREET ADDRESS	7621 NW 37TH AVE			
CITY-ST-ZIP	MIAMI, FL 33147			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.				
<b>SIGNATURE:</b> 		4/16/04 305-696-2800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		