

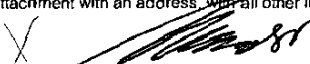


FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 91055 031 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P96000078433</b>			
1. Entity Name <b>MIAMI APPAREL CORPORATION</b>			
Principal Place of Business <b>500 NW 141 AVE., #102 HOLLYWOOD, FL 33029 US</b>		Mailing Address <b>500 NW 141 AVE., #102 HOLLYWOOD, FL 33029 US</b>	
2. Principal Place of Business <b>19322 SW 17 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>19322 SW 17 CT</b> Suite, Apt. #, etc.	
City & State <b>Miramar FL</b>		City & State <b>Miramar FL</b>	
Zip <b>33029</b>		Zip <b>33029</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0701224</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAM, CHUN SING 500 NW 141 AVE., #102 HOLLYWOOD, FL 33028</b>		7. Name and Address of New Registered Agent Name <b>LAM, CHUN SING</b> Street Address (P.O. Box Number is Not Acceptable) <b>19322 SW 17 CT</b> City <b>Miramar</b> FL Zip Code <b>33029</b>	
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  Signature, typed or printed name of registered agent and title if applicable.		CHUN SING LAM / Director 4/28/04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D LAM, CHUN SING 500 NW 141 AVE., #102 PEMBROKE PINES, FL 33028</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>LAM, CHUN SING 19322 SW 17 CT Miramar FL 33029</b> <input checked="" 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	
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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 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CHUN SING LAM 4/28/04 954-4386424 Date Daytime Phone #	