
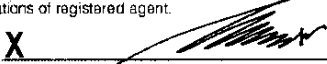
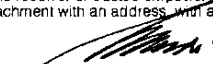


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 048 ***150.00

DOCUMENT # P96000078433			
1. Entity Name MIAMI APPAREL CORPORATION			
Principal Place of Business 11250 INTERCHANGE CIRCLE N MIRAMAR, FL 33025 US		Mailing Address 11250 INTERCHANGE CIRCLE N MIRAMAR, FL 33025 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4022008		Chg-P	CR2E034 (12/06)
4. FEI Number 65-0701224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAM, CHUN SING 19322 SW 17 CT. MIRAMAR, FL 33029		Name Street Address (P.O. Box Number is Not Acceptable) 11250 INTERCHANGE CIRCLE N City MIRAMAR FL Zip Code 33025	
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 4-10-2008	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when consolidating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D <input type="checkbox"/> Delete	NAME LAM, CHUN SING	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 11250 INTERCHANGE CIRCLE N
STREET ADDRESS 19322 SW 17 CT.	CITY ST ZIP MIRAMAR, FL 33029	STREET ADDRESS	CITY ST ZIP MIRAMAR, FL 33025
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
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STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
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, and all other like empowered.			
SIGNATURE: 		DATE 4-10-2008 956-6022750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	