

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000057358

1. Entity Name
APPAREL PLUS, INC.



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

05-03-2004 91053 039 ***150.00

Principal Place of Business
4475 NW 102 PLACE
MIAMI, FL 33178 US

Mailing Address

4475 NW 102 PLACE
MIAMI, FL 33178 US

2. Principal Place of Business
3731 SW 160 Ave

Suite, Apt. #, etc.
303

3. Mailing Address
3731 SW 160 Ave.

Suite, Apt. #, etc.
303

City & State
MIRAMAR, FL.

Zip

33027

City & State
MIRAMAR, FL.

Zip

33027

Country

USA

Country

USA



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0846905

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, LUIS A
4475 NW 102 PLACE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **Luis A. Munoz**

Street Address (P.O. Box Number is Not Acceptable)

3731 SW 160 Ave. #303

City **MIRAMAR** Zip Code **FL 33027**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: MUNOZ, LUIS A
STREET ADDRESS: 4475 NW 102 PLACE
CITY-ST-ZIP: MIAMI, FL 33178

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: LUIS A. MUNOZ
STREET ADDRESS: 3731 SW 160 Ave #303
CITY-ST-ZIP: MIRAMAR, FL 33027

Change Addition

TITLE: SD
NAME: MUNOZ, JULIA M
STREET ADDRESS: 4475 NW 102 PLACE
CITY-ST-ZIP: MIAMI, FL 33178

Delete

TITLE: SD
NAME: JULIA M. MUNOZ
STREET ADDRESS: 3731 SW 160 Ave #303
CITY-ST-ZIP: MIRAMAR, FL 33027

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

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Change Addition

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Change Addition

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CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change 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: *Luis A. Munoz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 305-389-3259

Date

Daytime Phone #