

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91053 039 \*\*\*150.00

<b>DOCUMENT # P98000057358</b> 1. Entity Name <b>APPAREL PLUS, INC.</b>					
Principal Place of Business <b>4475 NW 102 PLACE</b> <b>MIAMI, FL 33178 US</b>			Mailing Address <b>4475 NW 102 PLACE</b> <b>MIAMI, FL 33178 US</b>		
2. Principal Place of Business <b>3731 SW 160 Ave</b> Suite, Apt. #, etc. <b># 303</b>		3. Mailing Address <b>3731 SW 160 Ave.</b> Suite, Apt. #, etc. <b># 303</b>			
City & State <b>MIRAMAR, FL.</b>		City & State <b>MIRAMAR, FL.</b>		4. FEI Number <b>65-0846905</b>	
Zip <b>33027</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUNOZ, LUIS A</b> <b>4475 NW 102 PLACE</b> <b>MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name <b>LUIS A. MUNOZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3731 SW 160 Ave. #303</b> City <b>MIRAMAR</b> Zip Code <b>FL 33027</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, LUIS A 4475 NW 102 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUIS A. MUNOZ 3731 SW 160 Ave #303 MIRAMAR, FL 33027
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MUNOZ, JULIA M 4475 NW 102 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JULIA M. MUNOZ 3731 SW 160 Ave #303 MIRAMAR, FL 33027
				<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				
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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: <b>Luis A. Munoz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-29-04 305-389-3259</b> <small>Date Daytime Phone #</small>		