2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062615

Entity Name: GILDAN ACTIVEWEAR (US HOLDINGS) INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:					
5200 BLUE 600	LAGOON DR									
MIAMI, FL	33126									
Current Mailing Address:					New Mailing Address:					
	EE DE LIESSE AL QUEBEC CA		H4T 1P5		725 MONTE MONTREA		SSE C, QC H4T 1P	5 CA		
FEI Number:	65-0852928	FEI Num	ber Applied For()	FEI Numl	ber Not Appli	cable ()	Certificate o	of Status Desired ()		
Name and Address of Current Registered Agent:						Name and Address of New Registered Agent:				
LEDER, NA 5200 BLUE MIAMI, FL	LAGOON DR	IVE SUITI	E 600							
The above in the State		ubmits th	is statement for the pu	ırpose of	changing it	s registere	d office or regis	stered agent, or both,		
SIGNATUR	RE:									
	Electron	ic Signatu	re of Registered Ager	nt			Dat	te		
Election Can	npaign Financing	Trust Fun	d Contribution ().							
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () CHAMANDY, GL 58 BELVEDERE MONTRAL QUE	PLACE	1G6	1	Title: Name: Address: City-St-Zip:		(X) Change () A Y, GLENN J ERE PLACE . QUEBEC, QC H			
Title: Name: Address: City-St-Zip:	CD () CHAMANDY, H. 58 PLACE BELV WESTMOUNT C	/EDERE		1	Title: Name: Address: City-St-Zip:	58 PLACE B	(X) Change () A Y, H. GREGORY BELVEDERE NT QUEBEC, QC			
Title: Name: Address: City-St-Zip:	T () SABOURIN, NOI 680 BUCHANAN SAINT-LAUREN		H4L 2T6	1	Title: Name: Address: City-St-Zip:	680 BUCHA	(X) Change()A NORMAND NAN RENT QUEBEC, Q			
Title: Name: Address: City-St-Zip:	V () TISCH, EDWIN ONE WOOD AV WESTMOUNT C	E SUIE 180		1	Title: Name: Address: City-St-Zip:		(X) Change()A VIN B D AVE SUIE 1802 NT QUEBEC, QC			
Title:	CFO ()	Delete		-	Title:	CFO	(X) Change () A	Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SELLYN, LAURENCE G

BEACONFIELD QUEBEC, QC J4S 1W2 CA

ST LAMBERT QUEBEC, QC J4S 1W2 CA

(X) Change () Addition

25 EAST GABLES CT

LEMAY, STEPHANE

92 DE LA MOSELLE

SIGNATURE: STÉPHANE LEMAY S 01/30/2004

SELLYN, LAURENCE G

BEACONFIELD QUEBEC, CA J4S 1W2

() Delete

ST LAMBERT QUEBEC. J4S 1W2

25 EAST GABLES CT

LEMAY, STEPHANE

92 DE LA MOSELLE

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: