


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000070084</b>	
1. Entity Name B-WEAR FASHIONS, INC.	

Principal Place of Business 4085 LB MC LEOD RD STE F1 ORLANDO, FL 32811	Mailing Address 4085 LB MC LEOD RD STE F1 ORLANDO, FL 32811
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**DO NOT WRITE IN THIS SPACE**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3527681	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BOLLING-RODRIGUEZ, PAMELA 9247 HIDDEN BAY LANE ORLANDO, FL 32819	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and type if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000124783 04/22/04-80058-012 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOLLING-RODRIGUEZ, PAMELA 9247 HIDDEN BAY LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LIRETTE, JR, JESSE 1007 CELEBRATION AVE #101 ORLANDO, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BROWN, GREGORY 113 PSEISSA COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: 	4/15/04 407-872-3030 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	