


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000107815
1. Entity Name
STS APPAREL CORPORATION



Principal Place of Business Mailing Address
325 W 74 PLACE 325 W 74TH PLACE
HIALEAH, FL 33014 HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FE# Number Applied For
65-0883090 Not Applicable

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

6. Name and Address of Current Registered Agent

TACHER, MARTIN
325 W. 74 PLACE
MIAMI, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TACHER, MARTIN 325 W 74TH PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIAPAGO, MARCO 325 W 74TH PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALANCY, SCOTT 325 W 74TH PLACE HIALEAH, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80048-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Martin Tacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #