

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000001815

1. Entity Name  
JORMAN UNDERWEAR, INC.



Principal Place of Business  
2420 N.W. 20TH ST.  
MIAMI, FL 33142

Mailing Address  
2420 N.W. 20TH ST.  
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

SEVILLA, NORMAN F  
729 WEST 51ST PLACE  
HIALEAH, FL 33012

Name **UGANDO & ASSOCIATES, INC.**

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

2866 SW 176th TERRACE

City **MIRAMAR**

FL **33029-5557**

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

*Julio Ugando Jr.* - Antonio A Ugando, Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*04/18/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DPT**  
NAME **SEVILLA, NORMAN**  
STREET ADDRESS **729 WEST 51 PLACE**  
CITY-ST-ZIP **HIALEAH, FL 33012**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **DVS**  
NAME **SEVILLA, LISSETTE**  
STREET ADDRESS **729 WEST 51 PLACE**  
CITY-ST-ZIP **HIALEAH, FL 33012**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
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 exemptions contained in Chapter 119, 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: Norman F. Sevilla, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norman Sevilla*

04/19/07 (305) 635-4663

Date

Daytime Phone #

60045503



04182007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0885847**  Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name **UGANDO & ASSOCIATES, INC.**

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

2866 SW 176th TERRACE

City **MIRAMAR**

FL **33029-5557**