

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084725

Entity Name: SHI SWIMWEAR INC.

FILED  
Jan 08, 2004  
Secretary of State

**Current Principal Place of Business:**

11330 INTERCHANGE CIR. NORTH  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

11330 INTERCHANGE CIR. NORTH  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 22-3680225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, MICHAEL  
2401 DEER CREEK RD.  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVINE, BARRY  
Address: 8 BARSTOW ROAD  
City-St-Zip: GREAT NECK, NY 11021

Title: VD ( ) Delete  
Name: WILLIAMS, MICHAEL  
Address: 2401 DEER CREEK RD.  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MICHAEL N. WILLIAMS

VD

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date