

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000089473
1. Entity Name
DEL MAR UNIFORMS AND APPAREL, INC.



Principal Place of Business: 1230 EAST 4TH AVENUE, HIALEAH, FL 33010
Mailing Address: PO BOX 821515, PEMBROKE PINES, FL 33082-1515



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0954246
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
MORLANNE, JESSE E
1230 EAST 4TH AVENUE
HIALEAH, FL 33010

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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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

U00000255605
03/08/05-80021-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORLANNE, CARMEN M
STREET ADDRESS	1230 EAST 4TH AVENUE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	SD
NAME	MORLANNE, JESSE E
STREET ADDRESS	1230 EAST 4TH AVENUE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	VD
NAME	MORLANNE, ALEXANDER J
STREET ADDRESS	1230 E 4TH AVE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	VD
NAME	MORLANNE, JENNIFER C
STREET ADDRESS	1230 E 4TH AVE
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 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: Jesse Morlanne JESSE MORLANNE 3/4/05 954-680-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #