2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104799

Name:

Address:

City-St-Zip:

2601 NW 27 AVE

BOCA RATON, FL 33434

Entity Name: INCAWEAR OF FLORIDA, INC.

Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 211 COMMERICAL BLVD LAUDERDALE BY THE SEA, FL 33308 **Current Mailing Address: New Mailing Address:** 211 COMMERICAL BLVD LAUDERDALE BY THE SEA, FL 33308 FEI Number: 65-0965002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEVIGNY, AMPARO 211 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SEVIGNY, STEVE Name: Name: 2601 NW 27 AVE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SEVIGNY, AMPARO B Name: 2601 NW 27 AVE Address: Address: BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SEVIGNY, AMPARO Name: Name: 2601 NW 27 AVE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition SEUIGNY, STEVE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AMPARO SEVIGNY S 04/26/2004