


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 016 \*\*\*158.75

<b>DOCUMENT # V22591</b> 1. Entity Name <b>AYPLUS APPAREL, INC.</b>	
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Principal Place of Business <b>8377 NW 68 ST MIAMI, FL 33166 US</b>	Mailing Address <b>8377 NW 68 ST MIAMI, FL 33166 US</b>
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0459649</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
  
**MANCILLA, CAARLOS F  
11272 NW 51 TERRACE  
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 reregistering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MANCILLA, CARLOS F 5072 NW 112TH CT. MIAMI, FL</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **CARLOS F. MANCILLA** **7-6-04** **305-718-4368**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
44049084

**AYPLUS APPAREL INC**

8377 NW 68 ST  
MIAMI FL 33166  
PH(305)718-4368  
FX(305)7818-4109

12-Jul-04

**Florida Department of State**  
409 East Gaines Street  
Tallahassee, FL 32399

Ref: Document #V22591

Enclosed please find check # 1871 in the amount of \$158.75 for 2004 Profit Corporation Annual Report, please be advised that we did not receive the application for the renewal, therefore are not paying the \$550.00 late fee.

While filling out the application we noticed that the Federal ID # is incorrect, please correct to read: 65-0457649.

Sincerely,

  
Carlos F. Manella  
President.