2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # V47561 1. Entity Name EVERTRADE CLOTHING COMPANY, INC. Principal Place of Business Mailing Address 4830 NW 167 ST 4830 NW 167 ST MIAMI, FL 33014 MIAMI, FL 33014 and the second of the second o 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0342216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent out - in appeal to a defendance of the substitute in a few materials in the first DO NOT WRITE CAMAFREITA, FAUSTINO 4788 N.W. 167TH ST. MIAMI, FL 33014 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. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE CAMAFREITA, FAUSTINO NAME 4830 NW 167 ST STREET ADDRESS U000000335179 MIAMI, FL 33014 C97Y - ST - 712 04/27/05-80074-016 150.00 TITLE र १९९५ - १५० छन छ सम्बद्धाः विकास<mark>स्</mark>रीतस्य NAME STREET ADDRESS CITY ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP some til er er til som hande som er til er til som er er med britar til er som som til er til storette som er TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

OF SIGNING OFFICER OR DIRECTOR

FILED