


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90051 014 \*\*\*150.00

<b>DOCUMENT # V47561</b>			
1. Entity Name <b>EVERTRADE CLOTHING COMPANY, INC.</b>			
Principal Place of Business <b>4830 NW 167 ST MIAMI, FL 33014</b>		Mailing Address <b>4830 NW 167 ST MIAMI, FL 33014</b>	
2. Principal Place of Business - No P.O. Box # <b>5244 SW 89 AVE.</b>		3. Mailing Address <b>5244 SW 89 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL</b>	
Zip <b>33165</b>	Country <b>USA</b>	Zip <b>33165</b>	Country <b>USA</b>
4. FEI Number <b>65-0342216</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAMAFREITA, FAUSTINO 4788 N.W. 167TH ST. MIAMI, FL 33014</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		<b>FL</b> Zip Code	
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 retreating)			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMAFREITA, FAUSTINO</b> <b>4830 NW 167 ST</b> <b>MIAMI, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMAFREITA, FAUSTINO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5244 SW 89 AVE.</b> <b>MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05012007 Chg-P CR2E034 (12/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

*Handwritten signature* FAUSTINO M. CAMAFREITA - D - 4/30/07 - 305-498-7531