

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # V47561**  
 1. Entity Name  
**EVERTRADE CLOTHING COMPANY, INC.**



**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
**5244 SW 89 AVE**                      **5244 SW 89 AVE**  
**MIAMI, FL 33165**                      **MIAMI, FL 33165**



08182008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**  
**CAMAFREITA, FAUSTINO**  
**4788 N.W. 167TH ST.**  
**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 \_\_\_\_\_      U00000959506  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

09/11/08-80013-020 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

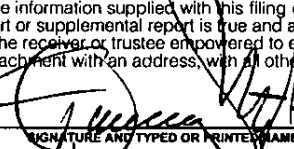
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMAFREITA, FAUSTINO</b> <b>5244 SW 89 AVE.</b> <b>MIAMI, FL 33165</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  - **FAUSTINO CAMAFREITA**      9/9/08      305-620-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #