

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V53719

1. Entity Name
 WUNDERWEAR MILLS, INC.



Principal Place of Business
 6329 NW 74 AVE
 MIAMI, FL 33166 US

Mailing Address
 6329 NW 74 AVE
 MIAMI, FL 33166 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0411597 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMAQUA, HUGO
 10350 NW 52 ST
 CORAL SPRINGS, FL 33076

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMAGUA, HUGO
STREET ADDRESS	10350 NW 52ND ST
CITY- ST- ZIP	CORAL SPRINGS, FL
TITLE	PST
NAME	CHAMAGUA, HUGO
STREET ADDRESS	10350 NW 52ND ST
CITY- ST- ZIP	CORAL SPRINGS, FL
TITLE	V
NAME	CHAMAGUA, JANET
STREET ADDRESS	10350 NW 52ND ST
CITY- ST- ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 01/11/06-80026-015 150.00

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: _____
 SIGNATURE (BY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-6-06 (305) 513-0772
 Date Daytime Phone #