


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90097 044 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # V66253 1. Entity Name GITTY'S SPORTSWEAR, INC. | | | |  | |
| Principal Place of Business 7716 NW 54 ST MIAMI, FL 33166 US | | | Mailing Address 7716 NW 54 ST MIAMI, FL 33166 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 14363 SW 9th Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Miami FL | | 4. FEI Number 65-0360146 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33184 | | Country DAVE | | 02082007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent PEREZ, MIRTHA 7716 NW 54 ST MIAMI, FL 33166 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14363 SW 9th Street City Miami FL Zip Code 33184 | |
| 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: <u><i>[Signature]</i></u> DATE: <u>02/08/07</u> <small>Signature, report or print name of registered agent and time if applicable (NOTE: Registered Agent Signature required when transferring)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP <input type="checkbox"/> Delete PEREZ, MIRTHA 14363 SW 9TH STREET MIAMI, FL 33184 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| 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: <u><i>[Signature]</i></u> DATE: <u>02/08/07</u> (305) 227 4136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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