

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005771

Entity Name: BCAMR APPAREL INC.

FILED  
Mar 14, 2011  
Secretary of State

**Current Principal Place of Business:**

2294 NOSTRAND AVE SUITE 1008  
BROOKLYN, NY 112103801

**New Principal Place of Business:**

2294 NOSTRAND AVE SUITE 1008  
BROOKLYN, NY 112103801 1

**Current Mailing Address:**

2294 NOSTRAND AVE SUITE 1008  
BROOKLYN, NY 112103801

**New Mailing Address:**

2294 NOSTRAND AVE SUITE 1008  
BROOKLYN, NY 112103801 1

FEI Number: 20-0395672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LICENSE AND COMPLIANCE RESOURCE I, LLC  
245 GRAY STREET  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

LICENSE AND COMPLIANCE RESOURCE I, LLC  
329 SOUTH BROMELIAD  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: STERN, MEIR  
Address: 2294 NOSTRAND AVE SUITE 1008  
City-St-Zip: BROOKLYN, NY 112103801 1

Title: ST  
Name: STERN, PEREL  
Address: 2294 NOSTRAND AVE SUITE 1008  
City-St-Zip: BROOKLYN, NY 112103801 1

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MEIR STERN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CDP

03/14/2011

\_\_\_\_\_  
Date