


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004342
 1. Entity Name
 TUMI USA AWARD, INC.



Principal Place of Business 8347 S.W. 40TH STREET MIAMI, FL 33155	Mailing Address 8347 S.W. 40TH STREET MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0711385	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MASSA, SERGIO
 8347 S.W. 40TH STREET
 MIAMI, FL 33155

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000152999 05/04/04-80108-022 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEBROUGH, GLORIA 1835 SW 102 COURT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, NANCY 13043 SAN JOSE CT. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MASSA, SERGIO 8347 SW 40TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ 4/28/04 (305)2203420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #