


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90271 040 \*\*\*150.00

**DOCUMENT # P0300006956**

1. Entity Name  
**AVENGER SAFETY PRODUCTS, INC.**



Principal Place of Business      Mailing Address  
**728 NW 7TH TERRACE**      **728 NW 7TH TERRACE**  
**FORT LAUDERDALE, FL 33311**      **FORT LAUDERDALE, FL 33311**

2. Principal Place of Business      3. Mailing Address  
**2885 Electronics Drive**      **2885 Electronics Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite C15**      **Suite C15**  
 City & State      City & State  
**Melbourne, Florida**      **Melbourne, Florida**



04272004      Chg-P      CR2E034 (10/03)

Zip      Country      Zip      Country  
**32935-2163**      **USA**      **32935-2163**      **USA**

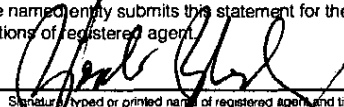
4. FEI Number      Applied For  
**22-3892420**       Not Applicable

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

6. Name and Address of Current Registered Agent  
~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SW 22ND ST.~~  
~~4TH FLOOR~~  
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent  
 Name      **Waclaw Wieckowski**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1707 Azalea Court, Unit B**  
 City      **Oldsmar**      **FL**      Zip Code  
**34677-2700**

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:       **Waclaw Wieckowski**      **04/27/2004**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

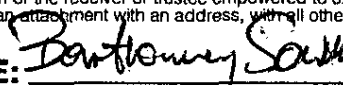
10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:       **Bartlomiej Sowinski, P/Treas.**      **04/27/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #