


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 046 ***150.00

DOCUMENT # P95000065790

1. Entity Name
ALL SPORTS USA, INC.



40094504

Principal Place of Business Mailing Address

**3831 W VINE ST
 #67
 KISSIMMEE, FL 34741**

**7111 GRAND NATIONAL DRIVE
 SUITE 100
 ORLANDO, FL 32819**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3831 W Vine St

Suite, Apt. #, etc. Suite, Apt. #, etc.

#77

City & State City & State

Kissimmee, FL

Zip Country Zip Country

34741

02192008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3332508 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIDDIQI, SHAHAB 6220 MEREDITHERIN LANE ORLANDO, FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: *Shahab Siddiqui* DATE: **2-27-08**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDIQI, SHAHAB 7111 GRAND NATIONAL DRIVE #100 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF SIDDIQI, MOHMMAD MOHTAS 7111 GRAND NATIONAL DR #100 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" 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: *Shahab Siddiqui* DATE: **2-27-08** DAYTIME PHONE #: **407-352-5880**

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