

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000005287

1. Entity Name  
EASTBAY RETAIL VENTURES, INC.



Principal Place of Business  
332 2ND ST.  
OAKLAND, CA 94607

Mailing Address  
332 2ND ST.  
OAKLAND, CA 94607



07142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-3221847

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SOUTH, TOM  
14348 TAMBORINE DR  
ORLANDO, FL 32837

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MAJUA, MARGARET
STREET ADDRESS	1150 ESTATES DR
CITY - ST - ZIP	LAFAYETTE, CA 94549
TITLE	CFO
NAME	WEINGARTEN, DAVID
STREET ADDRESS	1150 ESTATES DR
CITY - ST - ZIP	LAFAYETTE, CA 94549
TITLE	VPD
NAME	WEINGARTEN, DAVID
STREET ADDRESS	1150 ESTATES DR
CITY - ST - ZIP	LAFAYETTE, CA 94549
TITLE	DS
NAME	HOWARD, LUCIA
STREET ADDRESS	1150 ESTATES DR
CITY - ST - ZIP	LAFAYETTE, CA 94549
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000376600  
08/17/05-80003-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET MAJUA

Date

2/21/05 (510) 282-2281

Daytime Phone #