

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90145 005 ***150.00

DOCUMENT # 189301

1. Entity Name
ZIPP SPORTING GOODS INC



Principal Place of Business
**7210 RED ROAD
202G
MIAMI, FL 33143**

Mailing Address
**7210 RED ROAD
202G
MIAMI, FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-0755245

Applied For
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

**HOCHMAN, MARTIN
13245 S.W. 71ST AVENUE
MIAMI, FL 33156**

Name
Mark S. Ramsey
Street Address (P.O. Box Number is Not Acceptable)
8441 SW 202 Street

City
Miami, FL Zip Code
33189-2037

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
After May 1, 2006 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
**P
HOCHMAN, MARTIN
13245 S.W. 71ST AVENUE
MIAMI, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Mark S. Ramsey
8441 SW 202 Street
Miami, FL 33189-2037** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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: Mark Ramsey **Mark Ramsey** 04.02.06 (305) 665-3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #