

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 262037

FILED
Apr 22, 2005
Secretary of State

Entity Name: TRIANGLE SPORT HEADWEAR CO., INC.

Current Principal Place of Business:

8315 W. 20TH AVENUE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

8315 W. 20TH AVENUE
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 59-0975289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAEROFF, BERNARD
8315 W 20TH AVE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KITTAY, HAROLD,
Address: 8315 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: CAMPBELL, JUDY K
Address: 8315 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: MAEROFF, FERN,
Address: 8315 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: STD () Delete
Name: KITTAY, HELEN,
Address: 8315 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: PD () Delete
Name: MAEROFF, BERNARD
Address: 8315 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: KITTAY, HAROLD
Address: 8315 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAEROFF, FERN
Address: 8315 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: STD (X) Change () Addition
Name: KITTAY, HELEN
Address: 8315 W. 20TH AVENUE
City-St-Zip: HIALEAH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD MAEROFF

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date