


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 262037 1. Entity Name TRIANGLE SPORT HEADWEAR CO., INC.	
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Principal Place of Business 8315 W. 20TH AVENUE HIALEAH, FL 33014	Mailing Address 8315 W. 20TH AVENUE HIALEAH, FL 33014
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04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0975289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAEROFF, BERNARD 8315 W 20TH AVE HIALEAH, FL 33014

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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 _____ (NOTE: Registered Agent signature required when renewing)

Signature, typed or printed name of registered agent and title if applicable. DATE

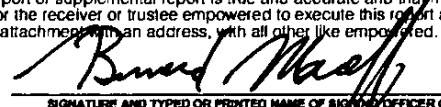
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KITAY, HAROLD 8315 WEST 20TH AVENUE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JUDY K 8315 WEST 20TH AVENUE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KITAY, HELEN 8315 W. 20TH AVENUE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAEROFF, BERNARD 8315 W. 20TH AVENUE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80128-022 150.00

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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:  **Bernard Maeroff** **4/20/07** **305-558-4310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #