## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2008 8:00 am Secretary of State **DOCUMENT #262037** 04-30-2008 90208 034 \*\*\*150.00 TRIANGLE SPORT HEADWEAR CO., INC. Principal Place of Business Mailing Address 8315 W. 20TH AVENUE 8315 W. 20TH AVENUE HIALEAH, FL 33014 HIALEAH, FL 33014 60035441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 59-0975289 Not Applicable \$8.75 Additional Zip Ζip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAEROFF, BERNARD Street Address (P.O. Box Number is Not Acceptable) 8315 W 20TH AVE HIALEAH, FL 33014 City 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. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITI F CD TITLE ☐ Delete ☐ Change ☐ Addition KITTAY, HAROLD NAME 8315 WEST 20TH AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZP HIALEAH, FL 33014 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE campbell, Judy K 831,5 West 20 ty Ave CAMPBELL, JUDY K NAME 8315 WEST 20TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP Hialeah FL 33014 Addition STD TITLE TITLE Delete TD XI Change Kittay, Helen 8315 West 2014 Ave KITTAY, HELEN 8315 W. 20TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MAEROFF, BERNARD NAME NAME STREET ADDRESS 8315 W. 20TH AVENUE STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

**FILED**