


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 263820</b>		
1. Entity Name <b>SPORTAILOR INC</b>		

Principal Place of Business <b>6501 NE 2 COURT MIAMI FL 33138</b>	Mailing Address <b>6501 NE 2 COURT MIAMI FL 33138</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  <b>RUDMAN, FRANK 6501 NE 2 COURT MIAMI FL 33138</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.	
SIGNATURE	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	RUDMAN, FRANK
STREET ADDRESS	13105 BISCAYNE BAY DR
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	ST <input type="checkbox"/> Delete
NAME	GARRIGO, LUCY
STREET ADDRESS	1037 S.W. 76TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> Delete
NAME	RUDMAN, ALBERT
STREET ADDRESS	11535 NE 22ND DRIVE
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	S <input type="checkbox"/> Delete
NAME	RUDMAN, MIRIAM
STREET ADDRESS	13105 BISCAYNE BAY DR
CITY - ST - ZIP	MIAMI FL 33181
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
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SIGNATURE: 	1/25/05 305 754 3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #