

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 509013**

1. Entity Name  
**EXSPORTS - INSPORTS, INC.**



**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90318 034 \*\*\*150.00

Principal Place of Business  
**100 N.W. 25TH ST.  
MIAMI, FL 33127-4418**

Mailing Address  
**100 N.W. 25TH ST.  
MIAMI, FL 33127-4418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272003

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1790484**

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

**UGARTE, JORGE L  
100 N.W. 25TH ST.  
MIAMI, FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
UGARTE, JORGE  
100 N.W. 25TH ST.  
MIAMI, FL 33127**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
UGARTE, JOSE  
100 NW 25 ST.  
MIAMI, FL 33127**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
maia c Ugarte  
100 NW 25 ST  
Miami, FL 33127**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #