2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 20, 2004 8:00 am Secretary of State

4/2

DOCUMENT # F9900001469 1. Entity Name LIFESTYLE OUTDOOR PRODUCTS CORPORATION					04-29-2004 90300 030 ***150.00		
			138				
Principal Plac	ce of Business	Mailing Address					
3640 NW 52 STREET MIAMI FL 33142		3640 NW 52 STREET		·	CC # 110 4 m'a		
MIAMI FL 3	3142	MIAMI FL 33142			66423154		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suile, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State		4.	FEI Number 65-0761161		plied For Applicable
—Zip-—≃	Country	Zipo	Country	5.	Certificate of Status Desired	\$8:75-Addi	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered	Agent	
			Name		· · · · · · · · · · · · · · · · · · ·		
CORPORATE CREATIONS 941 4TH STREET MIAMI BEACH FL 33139			Street	Street Address (P.O. Box Number is Not Acceptable)			
	NAIL DEPOSIT LE 20120	(
			City		FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office	or registered a	igent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE					•		į.
SIGNATORIE	Signature, typed or printed name of registered agont	and title if applicable. (NOTE	: Registered Agent sign	alure required when	reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Fioride Department of State							
		f State	`	•	Election Campaign Financing Trust Fund Contribution.		May Be to Fees
		COST CONTRACTOR CONTRA	11.	· A	Election Campaign Financing Trust Fund Contribution. E DDITIONS/CHANGES TO OFFICERS AND	Added .	to Fees
Make Chec	k Payable to Florida Department o	COST CONTRACTOR CONTRA	11.	A	Trust Fund Contribution.	Added .	to Fees
Make Chec 10. IIILE HAME	k Payable to Florida Department of OFFICERS AND CP MOLLERA, RAUL M	DIRECTORS	TITLE NAME		Trust Fund Contribution.	DIRECTORS	to Fees
Make Chec 10.	k Payable to Florida Department of OFFICERS AND CP MOLLERA, RAUL M	DIRECTORS	TITLE		Trust Fund Contribution.	DIRECTORS	to Fees
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12. Thereby 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.

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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