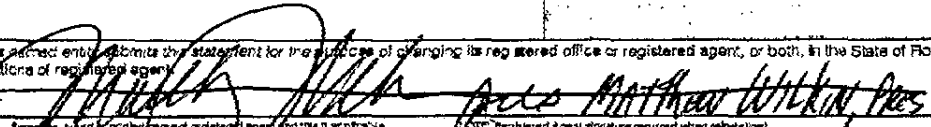
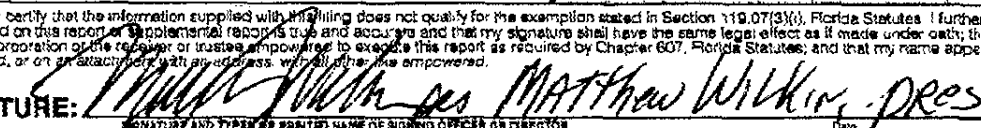


FILED
Apr 22, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H55273 1. Entity Name MATTY'S SPORTS, INC.		
Principal Place of Business 5340 N.W. 161 ST MIAMI, FL 33014 US		Mailing Address P.O. BOX 5526 MIAMI, FL 33014 US
DO NOT WRITE IN THIS SPACE		
		03262004 No Chg-P CR2E034 (10/03)
4. FEI Number 58-2529617		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent WILKIN MATHEW 5340 NW 161 ST MIAMI, FL 33014		DO NOT WRITE IN THIS SPACE
9. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am, ammeter with, and accept the obligations of registered agent.		
SIGNATURE  <u>Matthew Wilkin, Pres</u> DATE _____ Signature, based on performance of registered agent and the applicable fee. (NOTE: Registered Agent signature required when retaking)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000123647 04/22/04-80013-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILKIN, MATTHEW J. 5340 N.W. 161 ST. HIALEAH, FL 33014	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 without other fee empowered.		
SIGNATURE:  <u>Matthew Wilkin, Pres</u> 4/19/04 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #		