2004 FOR PROFIT CORPORATION ______ ANNUAL REPORT

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

DOOLS 1717 11 1/07/104				Secretary of State				
DOCUMENT # K27401						•		
	ORTING GOODS, INC.	•						
Principal Place	e of Business	Mailing Address	1.5.24	1				
26800 SW 1		26800 SW 189 AV						
HOMESTEAD	, FL 33031 US	HOMESTEAD, FL 33031 U	S					
			Santa a.					
DO NOT WRITE IN THIS SPA			⊙ Ε	02272004	No Chg-F	CR2E	034 (10/03)	
U	O NO! WHILE	in inis spa	CE	4. FEI Numb		Ţ <u> </u>	Applied For	
				65-005	·		Not Applicable	
				5. Certificate	of Status Desir	ed 🗌	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent			N	F1, 1.0	47772	
MALICOANIE	EDA JOSEPH D						· -	
MUSCANERA, JOSEPH P 26800 SW 189 AVE 1				DO	NOI	WRITI		
HOMESTEAD, FL 33031				INI "	THIC (SPACE	-	
				11.4		JIMUL	≕	
	named entity submits this statement for the	e purpose of changing its register	ed office or regist	tered agent, or bo	th, in the State	of Florida, I am	familiar with, and accept	
the obligat	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	Note Register	ed Agent signature requi	and when colonia (not)		DATE		
	Signature, typed or printed name or registered agent and	titles is applicable (NO IE Helbateu	an when a sharp redn	THE WHEN TEXTS LEADING	1			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fine			noing \$	5.00 May Be dded to Fees				
After M	ay 1, 2004 Fee will be \$550.00	(rast ratio continuation)		uded to Fees				
10.	OFFICERS AND DI	RECTORS	2 · ·					
INTE	DPS							
NAME STREET ADDRESS	MUSCANERA, JOSEPH P 26800 SW 189TH AVENUE							
CITY-ST-ZIP	MIAMI, FL 33031_	. <u></u> .						
TITLE					HODO	เดิดปกครดร	• •	
NAME					04/08/0	14-80018-	; -016 150.00	
STREET ADDRESS CITY-ST-ZIP			1					
Title	<u> </u>		- –			** *		
NAME			1					
STREET ADDRESS			1	DO	NOT	WDIT	=	
City-S1-ZIP			4	DO NOT WRITE				
TITLE	1		1	IN	THIS	SPACI	E	
NAME STREET ADDRESS			1					
CHY-ST-ZIP								
TITLE			1		•	-		
NAME			Ī					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Flortida 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 repeiver or trustage empowered to execute this report as required by Chapter 607, Flortida 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: X

CITY-ST-ZIP
THE
NAME
STREET ADDRESS
CITY-ST-ZIP

RE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4-2-04 ×305247108