

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # K27401

1. Entity Name
J & B SPORTING GOODS, INC.



Principal Place of Business

26800 SW 189 AV
HOMESTEAD, FL 33031 US

Mailing Address

26800 SW 189 AV
HOMESTEAD, FL 33031 US



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0058282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSCANERA, JOSEPH P
26800 SW 189 AVE 1
HOMESTEAD, FL 33031

**DO NOT WRITE
IN THIS SPACE**

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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MUSCANERA, JOSEPH P
26800 SW 189TH AVENUE
MIAMI, FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/11/06-80115-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 register 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:

Joseph P. Muscanera Joseph P. Muscanera X 3-21-06 X 305245138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #