

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L54056</b> 1. Entity Name <b>INTENSE WEAR INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1965 NW 18TH ST POMPANO BEACH FL 33069</b>				Mailing Address <b>1965 NW 18TH ST POMPANO BEACH FL 33069</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0307778</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>FORCELLA, FRANCO 5550 N.W. 51ST AVE. COCONUT CREEK FL 33073</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	NAME <b>FORCELLA, FRANCO</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>5550 NW 51ST AVE</b>	
CITY-ST-ZIP		<b>COCONUT CREEK FL 33073</b>			
TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>U00000251842</b>	
CITY-ST-ZIP		CITY-ST-ZIP		<b>03/05/05-80003-009 150.00</b>	
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <i>FRANCO FORCELLA</i> <b>FRANCO FORCELLA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>01/17/05</b> <b>954-977-3544</b> <small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/04)