
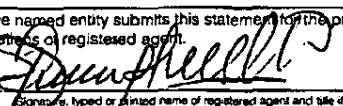
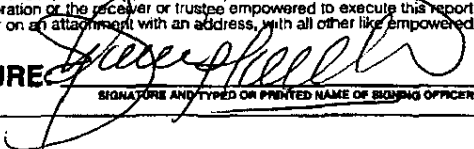


FILED
Apr 30, 2004 8:00 am
Secretary of State

4/16

04-16-2004 90083 002 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---|--|---|
| DOCUMENT # P00000030360 | |  | |
| 1. Entity Name L'EQUIPE BY GERMAN, INC. | | | |
| Principal Place of Business 94-61 HARDING AVENUE SURFSIDE, FL 33154 | | Mailing Address 94-61 HARDING AVENUE SURFSIDE, FL 33154 | |
| 2. Principal Place of Business 9461 HARDING AVE | | 3. Mailing Address 9461 HARDING AVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SURFSIDE FL | | City & State SAME | |
| Zip 33154 | | Country | |
| 4. FEI Number 65-1003424 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORES, GERMAN 94-61 HARDING AVENUE SURFSIDE, FL 33154 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9461 HARDING AVE City SURFSIDE FL Zip Code 33154 | |
| 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  DATE _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLOREZ, GERMAN 94-61 HARDING AVENUE SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9461 HARDING AVE SURFSIDE FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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, with all other like empowered. | | | |
| SIGNATURE  | | Date _____ Daytime Phone # _____ | |