


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 024 ***150.00

DOCUMENT # P00000088629 1. Entity Name SPORT LINE APPAREL, INC.					
Principal Place of Business OSCEOLA SQUARE MALL 3831 WEST VINE, STE.36 KISSIMMEE, FL 34741			Mailing Address P.O. BOX 16625 TAMPA, FL 33687-6625		
2. Principal Place of Business		3. Mailing Address 3831 W Vine St # 36			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 36			
City & State		City & State Kissimmee, FL 34741			
Zip	Country	Zip	Country		
4. FEI Number 59-3673518			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BADAWI, TAREK M 505-B PLANTATION CT. N. APT. B TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name BADAWI, TAREK M Street Address (P.O. Box Number is Not Acceptable) 2104 Walden Park circle apt 103 City Kissimmee FL Zip Code 34744		
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 <u>Tarek</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 2/2/2005					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D BADAWI, TAREK 2525 E. HILLSBOROUGH AVENUE, #101 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADAWI TAREK 3831 W Vine St # 36 Kissimmee FL 34741	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Tarek <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/2/2005 Daytime Phone #					