2007 FOR PROFIT CORPORATION

SIGNATURE:

Feb 05, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P00000109115 1. Entity Name 02-05-2007 90095 012 ***150.00 POLYSPORT, INC. Principal Place of Business Mailing Address 9019 SW 107 AVENUE 11867 SW 80TH TERRACE **MIAMI FL 33183** MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 112th Ave 2051 NW 112Th Ave 2051 NW Suite, Apt. #, etc. Suite. Ant #, etc. 1st MOORE CR2E034 (10/06) Sui<u>k # 118</u> 3vik # 118 City & State City & State 4. FEI Number Applied For 65-1065721 Liamp lua m^e Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33172 Leiami-Dade 33172 Liami-Dado Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kichter Enwin RICHTER, ERWIN Street Address (P.O. Box Number is Not Acceptable) 9019 SW 107TH AVE **MIAMI FL 33176** Zip Code 33\83 liami 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. Fruin Richter Signature, typed or printed name of registered agent and little if walls red Agent signature recuired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete TITLE $\mathcal{O}\mathcal{G}$ Change ☐ Addition RICHTER, ERWIN NAME Richter Envin NAM! 9019 SW 107 AVENUE STREET ADDRESS STREET ADDRESS 11967 500 80m tenaco **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP Liami FL 33183 HILE ☐ Delete ШЩ 250 Change Change ☐ Addition NAZZARO, TANYA NAME NAME Nazzaro Tanya 11807 Sw 80Th tenace 9019 SW 107 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-7/P CITY ST-ZIP Miami FL 33183 IIIŒ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP HITLE Delete TITLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - 7IP HHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- ZIP HILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of powered 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 application of the receiver or trustee of powered 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 application of the receiver or trustee of the power of the receiver of the receiver or trustee of the power of the receiver or trustee of the receiver of the

DOR PRINGED NAME OF SIGNING OFFICER OR DIRECTOR

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