

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90002 025 \*\*\*150.00

**DOCUMENT # P00000110962**

1. Entity Name  
**BALLISTIC BODYWEAR, INC.**



Principal Place of Business  
**777 S FEDERAL HWY, RP109  
POMPAHO, FL 33062**

Mailing Address  
**777 S FEDERAL HWY, RP109  
POMPAHO, FL 33062**

**54055319**



2. Principal Place of Business

3. Mailing Address

**2805 E. Oakland Park Blvd** **2805 E. Oakland Park Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 288**

**Suite 288**

City & State

City & State

**Fort Lauderdale, FL**

**Fort Lauderdale**

Zip

Country

Zip

Country

**33306**

**USA**

**33306**

**USA**

05182004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-1059127**

Applied For.

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, HEIDI  
777 S FEDERAL HWY, RP109  
POMPAHO, FL 33062**

7. Name and Address of New Registered Agent

Name

**Becker, H**

Street Address (P.O. Box Number is Not Acceptable)

**2805 E. Oakland Park Blvd, Suite 288**

City

**Fort Lauderdale**

FL

Zip Code

**33306**

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

**Becker, H.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BECKER, HEIDI**  
STREET ADDRESS **777 S FEDERAL HWY, RP109**  
CITY-ST-ZIP **POMPAHO, FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Heidi Becker**

Date

**4/28/04**

Daytime Phone #

**754-366-8826**