## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 10, 2005 08:00 AM Secretary of State

DOCL	JMEN	VT #	‡ P(	010	000	02320	05
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1. Entity Name

**SUITE 4163** 

SIGNATURE:

GRAND SLAM SPORTS MARKETING, INC.



Principal Place of Business

20533 BISCAYNE BOULEVARD **SUITE 4163** AVENTURA, FL 33180

Mailing Address

20533 BISCAYNE BOULEVARD **SUITE 4163** AVENTURA, FL 33180



## DO NOT WRITE IN THIS SPACE

010	02000	NO Ong-1	Orizi	L004 (10	00)	
4. FE	I Number				Applied For	
6	5-10818	361			Not Applicable	
5. C	ertificate of	Status Desired		\$8.75 Additional Fee Required		

305-931-9750

6. Name and Address of Current Registered Agent LEADER, JERRY DO NOT WRITE 20533 BISCAYNE BOULEVARD IN THIS SPACE AVENTURA, FL 33180

8. The above the obligat	named entity submits this statement for the plans of registered agent	ourpose of changing its registered	d office or re	egistered agent, or bot	h, in the State of Florida I am familiar with, and accept
SIGNATURE Signature typed or princed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Financi     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	L		UDOMINI 75632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLE, FRED 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180				01/10/05-80059-009 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	COO DAVIDSON, OWEN 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEADER, JERRY 20533 BISCAYNE BOULEVARD AVENTURA, FL 33180	-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corporated,	ertify that the information supplied with this fil on this report or supplemental report is true a obration or the receiver or trustee empowered or on an attagriment with an address, with pir	ing does not qualify for the exemy nd accurate and that my signatur Dexecute this report as required other like empowered.	otion stated e shall have d by Chapt	l in Section 119.07(3)(i e the same legal effect er 607, Florida Statutes	), Florida Statutes. I further certify that the information as if made under oath, that I am an officer or director and that my name appears in Block 10 or Block 11 if

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR