


2004
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

04-22-2004 90085 050 ***900.00
 P01000027696

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DOCUMENT # P01000027696	
1. Entity Name ULLOA SPORT, INC.	

04 MAY -4 PM 6:22

TALLAHASSEE, FLORIDA

Principal Place of Business 1231 WASHINGTON AVENUE MIAMI BEACH FL 33139 US	Mailing Address 465 OCEAN DRIVE APT #710 MIAMI BEACH FL 33139 US
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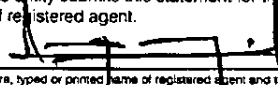
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1231 WASHINGTON AVE Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES 03-04

City & State MIAMI BEACH FL.	4. FEI Number 65-1085669	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

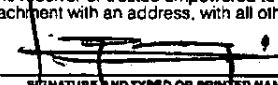
6. Name and Address of Current Registered Agent YANES, GUSTAVO 465 OCEAN DRIVE, APT. #710 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent Name: ANDRES L. HAGAR Street Address (P.O. Box Number is Not Acceptable): 615 N.E 22 ST. APT #402 City: MIAMI FL Zip Code: 33137

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:  ANDRES L. HAGAR DATE: 04-20-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input type="checkbox"/> Delete	TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YANES, GUSTAVO		NAME YANES, GUSTAVO	
STREET ADDRESS 465 OCEAN DRIVE, APT. #710		STREET ADDRESS 421 N.E 68 ST. APT #12	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP MIAMI, FL 33138	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGAR, ANDRES L		NAME HAGAR, ANDRES L.	
STREET ADDRESS 1900 SUNSET HARBOUR DRIVE, APT. #901		STREET ADDRESS 615 N.E 22 ST. #402	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP MIAMI, FL 33137	
TITLE S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKENS, DARRYL		NAME	
STREET ADDRESS 901 PENNSYLVANIA AVENUE #4		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  A.H. DATE: 04-20-04 DAYTIME PHONE: 305 674-0330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E034 (4/03)