2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000036355

1. Entity Name

WRISTBAND PRODUCTS, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1072 D E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 1072 D E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442



01152004

No Chg-P

CR2E034 (10/03)

FEI Number
 65-1103071

Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Regulfed

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE, FL 33311-4132

DO NOT WRITE IN THIS SPACE

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 access
	the obligations of registered agent,	•

SIGNATURE

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

(NOTE: Registered Agent signature required when (einstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS rine NAME FEINGOLD, MICHAEL STREET ADDRESS 1072 D E NEWPORT CENTER DRIVE CITY-ST-7IP DEERFIELD BEACH, FL 33442 TITLE PANZER, BARBARA NAME STREET ADDRESS 1072 D E NEWPORT CENTER DRIVE CITY - ST - ZiP DEERFIELD BEACH, FL 33442 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST- 7IP

U00000007400 01/20/04-80022-023 150.00

DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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 provided.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

114/04 Date

Daytime Phone #