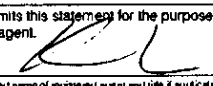
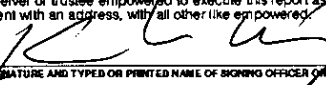


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91434 050 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000053471</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                |                                                                                                                                              |
| 1. Entity Name<br><b>SPOORS TRADING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                              |
| Principal Place of Business<br><b>320 PLAZA REAL<br/>#504<br/>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | Mailing Address<br><b>320 PLAZA REAL<br/>#504<br/>BOCA RATON, FL 33432</b>                                                                                                      |                                                                                                                                              |
| 2. Principal Place of Business<br><b>2798 NE 26 TER</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | 3. Mailing Address<br><b>2798 NE 26 TER</b><br>Suite, Apt. #, etc.                                                                                                              |                                                                                                                                              |
| City & State<br><b>BOCA RATON FL</b><br>Zip<br><b>33431</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | City & State<br><b>BOCA RATON FL</b><br>Zip<br><b>33431</b> Country<br><b>USA</b>                                                                                               |                                                                                                                                              |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                                                               |                                                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | 7. Name and Address of New Registered Agent                                                                                                                                     |                                                                                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MAHARAJ, KRISH<br/>320 PLAZA REAL<br/>#504<br/>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Name<br><b>MAHARAJ, KRISH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2798 NE 26 TER</b><br><b>BOCA RATON</b><br>City<br><b>FL</b> Zip Code<br><b>33431</b> |                                                                                                                                              |
| 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.<br>SIGNATURE:  DATE: <b>4-18-03</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents must sign when submitting)</small>                                                                                                                                          |                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                 |                                                                                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                    |                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PTSD<br/>MAHARAJ, KRISH<br/>320 PLAZA REAL #504<br/>BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <b>KRISH MAHARAJ<br/>2798 NE 26 TER<br/>BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| 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:  DATE: <b>4-18-03</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | <b>561-239-0539</b><br><small>Home Phone #</small>                                                                                                                              |                                                                                                                                              |

90112151



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)