## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # P0100062053  1. Entity Name TAMPA SPORTSWEAR & SHOES, INC.					04-25-2007 90189 043 ***150.00			
Principal Plac	e of Business	Mailing Address			quu	010-		
Principal Place of Business 113 S MACDILL AVE #3 TAMPA, FL 33609		113 S MACDILL AVE #3 TAMPA, FL 33609		•	400	ω, -		
						FOI OI INDIO DENS DE LA COMPONIA	JA BIDITA BEJOR JOSTE BADAN BIDIR	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04212007	Chg-P	CR2E034 (12/06	3)	
City & State Ci		City & State	City & State		4. FEI Numbe 59-3726			Applied For
Zip	Country	Zip	Countr	у		of Status Desired	\$8.75	dditional
	6. Name and Address of Current	Pegistered Appet	<u> </u>			Address of New R	- Fee Requ	red
	u. Hairie and Address of Current	registered Agent		Name	r. Name and	Address of New N	egistered Agent	
KIM, NAM KYUN 2257 E HILLBOROUGH AVE TAMPA, FL 33610			-	Street Address (P.O. Box Number is Not Acceptable)				
				City		***************************************	FL Zip C	ode
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered	d office or register	ed agent, or both	n, in the State of Flo	orida. Tam familiar wi	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable (NOTI	E Registered /	Agent signature required	when reinstating)		DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_		00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
NAME () STREET ADDRESS CITY-ST-ZIP	I'D KIM, NAM KYUN 2257 E HILLSBOROUGH AVE. TAMPA, FL 33610	☐ Defete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	े जिल्हा भी	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Chang	e 🔲 Addition
TITLE NAMC STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 11-ZIP		, ,	☐ Chang	e 🗖 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip			□ Chang	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS .T-ZIP			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				☐ Chang	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that n	or the exen my signatu	nptions contained re shall have the s	i in Chapter 119, same legal effect	Florida Statutes. I as if made under o	Turther certify that the path; that I am an offic	e information er 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:	16 2 4m	4/20/05	>
SIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #