

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076106

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: MO'S PAINTBALL SHOP, INC.

## Current Principal Place of Business:

337 NE 167 STREET  
MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

ROBERT KOSKE  
1208 DUNCAN STREET  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 65-1131892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: KOSKE, ROBERT  
Address: 1208 DUNCAN ST.  
City-St-Zip: KEY WEST, FL 33040

Title: DP ( ) Delete  
Name: GIBB, MAURICE  
Address: 1835 WEST 27TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: RENUCCI, FREDERIC  
Address: 7441 WAYNE AVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DS ( ) Delete  
Name: GITOMER, ARNOLD J  
Address: 350 5TH AVENUE, STE 609  
City-St-Zip: NEW YORK, NY 101180685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: GIBB, YVONNE  
Address: 1835 WEST 27TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition  
Name: ADAM, GIBB  
Address: 8911 BYRON AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KOSKE

DT

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date