2004 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPURI | | | | | | | | 1 | | | | | |
|---|--|--------------------|----------|----------------------|-------------|------------------------|--|----------------------------------|-----------------------------|--------------|---------------------|------------|--|
| DOCUMENT # P02000039258 | | | | | | | | , | 9 | · cn | 1 | | |
| 1. Entity Name | | | | | | | | | F \ | In the last | | | |
| ORIGINAL GEAR, INC. | | | | | | 1 | | | F I O4 APR | Ala . | 3: 38 | | |
| | | | | | | 1 | TEE | | OU APR SECRI TALLA | 16 "" | - 1TF | | |
| Principal Place of Business | | | | Mailing Address | | | | | Ort in | O vos | | 4č | |
| 1421 BANKS RD. | | | | 1421 BANKS RD. | | | | | GE CR! | ELACSEE | 'Erom. | | |
| MARGATE, FL 33063 | | | ħ. | MARGATE, FL 33063 | | | | | TALLA | Hiras | | | |
| | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | | | |
| Guite, Apt. #, etc. | | | | oute, / pt. II, etc. | | | 04132004 | Chg-P | CR2E03 | 34 (10/03) | | | |
| City & State | | | | City & State | | | | 4. FEI Numb | | | | plied For | |
| Zip Country | | | Zip Coun | | | | _ \$8.75 Addit | | | t Applicable | | | |
| Ζιμ | Zip | | | Lip Court | | iu y | | 5. Certificate of Status Desired | | | Fee Required | | |
| 6. Name and Address of Current I | | | | Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | | |
| DESTREDO JAMAS A | | | | | | Name | | | | | | | |
| RESTREPO, JAIME A 1421 BANKS RD. | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MARGATE, FL 33063 | | | | | | | | | | | | | |
| | | | | | | Cin | | | | | Zin Ondi | | |
| | | | | | | City | | | | FL | Zip Code | | |
| 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 pariety agent. | | | | | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| White the process of the state | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees | | | | | | | | | | | | | |
| Arter Ma | By 1, 200 | 4 Fee will be \$5! | 50.00 | Trust Fund Curi | unounon, | | | ed to rees | | | | | |
| 10. | T _B | OFFICERS A | ND DIRE | | 11. | | · · · · · | ADDITIONS | /CHANGES TO OF | FICERS AND | | | |
| NAME GADSDEN, ORONDE | | | | Delete TITLE | | | | | لللان رجيان رسين ربيس ريسان | | Change | ☐ Addition | |
| STREET ADDRESS 1421 BANKS RD. | | | | | | EET ADDRESS | | 04 /2 | 0003 3 3/040103 | 22-1021 | ⊃ :: 4 22.100 |) "7E | |
| CITY-ST-ZIP MARGATE, FL 33063 | | | | | CITY | r-ST-ZIP | | | J. UT - UIU2 | 027 | **100 | 1. [3 | |
| TITLE | | | | Delete | TITL | | | | | | Change | ☐ Addition | |
| NAME LALJI, DAVID STREET ADDRESS 1421 BANKS RD. | | | | | NAN STR | re Eet aodress | | | | | | | |
| CITY-ST-ZIP | 1 | | | | | r-ST-ZIP | Ì | | | | | | |
| TITLE | D Delete | | | | TITE | Æ | | | | | ☐ Change | Addition | |
| NAME | | | | | | Æ |] | | | | | | |
| CITY-ST-ZIP | STREET ADDRESS 1421 BANKS RD. SITY-SI-ZP MARGATE, FL 33063 | | | | | eet address (-st-zp | | | | | | | |
| TITLE | D | | | ☐ Delete | TITL | | 7 | VP,T | · < | | ☐ Change | Addition | |
| NAME | COSTLY, | JANON | | LI Donce | NAM | | D, | 04, 1 | , | | | | |
| STREET ADDRESS | 1421 BAN | | | | | EET ADDRESS | | | | | | | |
| THILE | MARGAT | E, FL 33063 | | | | (-ST-ZIP | | | | | Change | Addition | |
| NAME | | | | ∐ Delete | TITE | | | | | | C3 remarks | | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | r-ST-ZIP | | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITL NAM | | | | | | Change | Addition | |
| STREET ADDRESS | | | | | eet address | | | | | | | | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | | | |
| 12. I hereby 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 eventemental specific time and exemption and that my | | | | | | | | | | | | | |
| 12. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as a quired 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 emperated | | | | | | | | | | | | | |
| SIGNATURE: Down willed | | | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNAM OFFICER OR DIRECTOR Date Destine Prone # | | | | | | | | | | | | | |

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