2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000090045

1. Entity Name
POLO GEAR TEAM SHOP, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR, STE 602 MIAMI, FL 33131	501 BRICKELL KEY DR, STE 602 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3859951
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DR, STE 602
MIAMI, FL 33131

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILING FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000124875
04/22/04-80062-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FELLERS, GARY T
STREET ADDRESS	C/O 501 BRICKELL KEY DR, STE 602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DT
NAME	SASSOON, JEANNETTE T
STREET ADDRESS	C/O 501 BRICKELL KEY DR, STE 602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	WHITENAND, JAMES D
STREET ADDRESS	C/O 501 BRICKELL KEY DR, STE 602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	JOHNSON, SERENA
STREET ADDRESS	C/O 501 BRICKELL KEY DR, STE 602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Fellers President 4/6/04 561-795-1719
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #