



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90533 039 ***150.00

DOCUMENT # P03000022125 1. Entity Name ALL PRO SPORTS ACADEMY, INC.					
Principal Place of Business 7257 ASHMONT CIRCLE TAMARAC, FL 33321			Mailing Address 7257 ASHMONT CIRCLE TAMARAC, FL 33321		
2. Principal Place of Business <i>7257 Ashmont Circle</i> Suite, Apt. #, etc.		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc.			
City & State <i>TAMARAC, FL</i>		City & State		4. FEI Number <i>33-105 0311</i>	
Zip <i>33321</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, EDWARD C 675 FALLING WATER RD WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIEBOWITZ, BARRY 7257 ASHMONT CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOMEZ, EDWARD C 575 FALLING WATER ROAD WESTON, FL 33326	<input type="checkbox"/> Delete			
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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: <i>Barry Liebowitz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/20/04</i>		Daytime Phone # <i>904-684-6277</i>	