


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90029 027 \*\*\*163.75

<b>DOCUMENT # P03000038507</b>	
1. Entity Name <b>FAN'S SPORTSWEAR, INC.</b>	

Principal Place of Business <b>124 N.W. 54 ST MIAMI</b>	Mailing Address <b>1060 NE 160 ST</b>
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2. Principal Place of Business <b>124 N.W. 54 ST MIAMI</b>	3. Mailing Address <b>1060 NE 160 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FLORIDA</b>	City & State <b>N. MIAMI BEACH FL.</b>
Zip <b>33127</b>	Zip <b>33162</b>
Country <b>DADE</b>	Country <b>DADE</b>

01212004

4. FEI Number <b>16-1666709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D 1 P</b> <b>DEMerville, FERNAND</b> <b>688 N.W. 110TH ST.</b> <b>MIAMI FL 33168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1060 NE 163 ST</b> <b>N. MIAMI BEACH FL.</b> <b>33162.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FERNAND DEMerville</b> <b>1060 NE 163 ST</b> <b>N. MIAMI B FL 33162</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 another like empowered.

**SIGNATURE:** *Duff* **03-09-04** **(305) 758-5883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
#P030000038507  
94031524

124 N.W 54th 33127

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **16-1666709**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>FAN'S SPORTSWEAR, INC.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1060 N.E. 163rd STREET</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>N. Miami Beach Florida 33162</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE COUNTY - FLORIDA</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>FERNANDO DEMERVAL</b>	7b SSN, ITIN, or EIN <b>593-86-0469</b>

8a Type of entity (check only one box)	
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>S-CORP.</b>	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp. <b>FORM 2553 REMOVED</b>	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Clothing and Uniforms</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) <b>MAY 20th 2003</b>	11 Closing month of accounting year <b>DECEMBER 31st 2003</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-"	Agricultural	Household	Other
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14 Check one box that best describes the principal activity of your business.	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)	

15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. <b>SPORTSWEAR AND UNIFORMS</b>
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16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.	
Legal name ▶	Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <b>FERNANDO DEMERVAL</b>	Applicant's telephone number (include area code) <b>(305) 945-0004</b>
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Signature ▶	Date ▶	Applicant's fax number (include area code)
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