
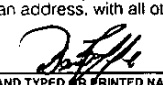


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90042 046 \*\*\*163.75

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<b>DOCUMENT # P03000038507</b> 1. Entity Name <b>FAN'S SPORTSWEAR, INC.</b>					
Principal Place of Business <b>124 N.W. 54 ST. MIAMI, FL 33127</b>			Mailing Address <b>1060 NE 160 ST. N. MIAMI BEACH, FL 33162</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1060 N.E 163<sup>RD</sup> STREET</b>			
City & State		City & State <b>N. MIAMI BEACH</b>		4. FEI Number <b>16-1666709</b>	
Zip <b>33162</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name <b>ACCOUNTING &amp; TAXES 2000 PLUS, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>16705 NE 19TH AVE</b> City <b>N. MIAMI BEACH</b> FL Zip Code <b>33162</b>	
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 * After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>DEMERVILLE, FERNAND</b> <b>1060 NE 160 ST.</b> <b>N. MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>DEMERVILLE, FERNAND</b> <b>1060 N.E 163<sup>RD</sup> STREET</b> <b>N. MIAMI BEACH, FL 33162</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>3/26/05</b> (305) 945-0294		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					