2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000065252

1. Entity Name
SPORTS APPAREL, INC.

Principal Place of Business	Mailing Address
34-09 QUEENS BLVD THIRD FLOOR LONG ISLAND CITY, NY 11101	34-09 QUEENS BLVD THIRD FLOOR LONG ISLAND CITY, NY 11101

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0049655	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANI, LAL
STREET ADDRESS	34-09 QUEENS BLVD.
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101

TITLE	TD
NAME	BRAUN, LEONARD
STREET ADDRESS	34-09 QUEENS BLVD.
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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01/19/06-80055-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____Leonard M. Braun_____   1/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #