2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000077298 04 MAY -3 PH 3: 32 SPORTS UNLIMITED OF MIAMI, INC. SECRETARIO DI DI ATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5942 S.W. 73 STREET 5942 S.W. 73 STREET SOUTH MIAMI, FL 33143 SOUTH MIAMILEL 33 2. Principal Place of Business 3. Mailing Address 3653 SW 156 Suite, Apt. #, etc. Suite, Apt, #, etc. 04302004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, NAHIROBIHT T Street Address (P.O. Box Number is Not Acceptable) 3653 SW 156 CT. MIAMI, FL 33185 Zip Code 6. 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, 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TILE Delete TITLE ☐ Change Addition NAME ANDERSON, NAHIROBIHT T NAME STREET ADDRESS 3653 SW 156 CT. STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE 400035437 1994 Addition NAME NAME 05/05/04--01001--009 **2250.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 be 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** Daytime Phone