


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 008 ***150.00

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| DOCUMENT # P03000087090 |  |
| 1. Entity Name ATHLETIC ADVANTAGE, INC. | |

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| Principal Place of Business 8249 NW 36TH STREET SUITE 206 MIAMI, FL 33166 | Mailing Address 8249 NW 36TH STREET SUITE 206 MIAMI, FL 33166 |
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24084794

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|---|---|
| 2. Principal Place of Business 10182 NW 47TH ST Suite, Apt. #, etc. | 3. Mailing Address 10182 NW 47TH ST Suite, Apt. #, etc. |
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09082004 Chg-P CR2E034 (10/03)

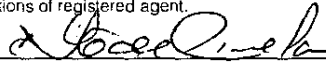
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|----------------------------|----------------------------|
| City & State SUNRISE FL | City & State SUNRISE FL |
| Zip 33351 | Country BROWARD |
| Zip 33351 | Country BROWARD |

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| 4. FEI Number 20-0140029 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PIRELA, ISILIO 8249 NW 36TH STREET SUITE 206 MIAMI, FL 33166 | |
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| 7. Name and Address of New Registered Agent Name: YOLANDA PIRELA Street Address (P.O. Box Number is Not Acceptable): 2729 KINGSINGTON OR City: WESTON FL Zip Code: 33332 | |
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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) | |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PIRELA, ISILIO 8249 NW 36TH STREET SUITE 206 MIAMI, FL 33166 <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 checked="" type="checkbox"/> Change <input checked="" 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.

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| SIGNATURE:  | DATE | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |