

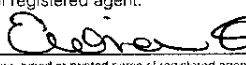
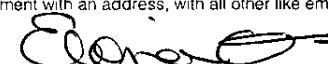


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 22 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000089692</b> 1. Entity Name <b>MASTER BAITER APPAREL INC.</b>				04 OCT 22 AM 9:00  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7401 SW 132 PL MIAMI, FL 33183</b>		Mailing Address <b>7401 SW 132 PL MIAMI, FL 33183</b>			
2. Principal Place of Business <b>9704 Hammocks Blvd #101</b>		3. Mailing Address <b>9704 Hammocks Blvd #101</b>			
Suite, Apt. #, etc. <b>101</b>		Suite, Apt. #, etc. <b>101</b>			
City & State <b>miami, FL</b>		City & State <b>miami, FL</b>			
Zip <b>33196</b>		Country <b>USA</b>		09272004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>030528510</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALVAREZ, ELOINA 7401 SW 132 PL MIAMI, FL 33183</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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  DATE <b>10-11-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input 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	P <b>ALVAREZ, ELOINA 7401 SW 132 PL MIAMI, FL 33183</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9704 Hammocks Blvd #101 miami, FL 33196</b>		
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		
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>10-11-04</b> <b>786-277-8960</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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FILED

MASTER BAITER APPAREL INC.

9704 Hammocks Blvd., #101 OCT 22 AM 9:00

Miami, Fl 33196

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 22, 2004.

Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sirs:

Due to this corporation changed its address, we did not receive the Uniform Business Report for the year 2004. It is for the reason we did not make the payments for this year.

We kindly ask that you accept the attach check in the amount of \$150.00, since this payment was not voluntarily made late.

We express our gratitude in advance.

Sincerely,



Eloina Alvarez  
President