


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000091077

1. Entity Name
VIZOR SPORTS, INC.



Principal Place of Business 835 MERIDIAN AVENUE SUITE 12 MIAMI BEACH, FL 33139	Mailing Address 835 MERIDIAN AVENUE SUITE 12 MIAMI BEACH, FL 33139
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4264282	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'OVIDIO, DAVID A
 835 MERIDIAN AVENUE
 SUITE 12
 MIAMI BEACH, FL 33139**

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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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIERSING, JAMES 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'OVIDIO, DAVID A 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'OVIDIO, DAVID A 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVEMAN, ELLIOT M 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'OVIDIO, DAVID A 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVEMAN, ELLIOT M 835 MERIDIAN AVENUE , SUITE 12 MIAMI BEACH, FL 33139

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 03/29/04-80066-003 150.00

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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: David A. D'ovidio **3-26-04** **305-534-3814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #