

**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**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4264282

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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
P
NAME
DIERSING, JAMES
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE
V
NAME
D'OVIDIO, DAVID A
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE
T
NAME
D'OVIDIO, DAVID A
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE
S
NAME
LOVEMAN, ELLIOT M
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE
D
NAME
D'OVIDIO, DAVID A
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE
D
NAME
LOVEMAN, ELLIOT M
STREET ADDRESS
835 MERIDIAN AVENUE, SUITE 12
CITY-ST-ZIP
MIAMI BEACH, FL 33139

**U00000099011
03/29/04-80066-003 150.00**

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04 305-534-3814
Date Daytime Phone #