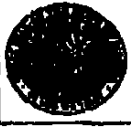
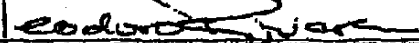


FILED
Jun 24, 2004 8:00 am
Secretary of State

05-04-2004 90142 012 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000149424			
1. Entity Name OBIE SPORT FASHION, CORP.			
Principal Place of Business 4180 NW 79 AVE APT 1-D MIAMI, FL 33186		Mailing Address 4180 NW 79 AVE APT 1-D MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIVERA, TEODORO O 4180 NW 79 AVE APT 1-D MIAMI, FL 33186		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and I accept the obligations of registered agent.			
SIGNATURE Signature based on printed name of registered agent and this application. (NOTE: Registered Agent Signature required when it is being changed.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 (Add to Fee) Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, TEODORO O 4180 NW 79 AVE APT 1-D MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBREGON, ANTONIO 4180 NW 79 AVE APT 1-D MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(c), 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an addendum with an address, name, or other like empowerment.			
SIGNATURE: 		04/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR		Date	