

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019882

Entity Name: DARK HORSE GEAR, INC

FILED  
Mar 22, 2005  
Secretary of State

## Current Principal Place of Business:

RICARDO VALDES  
P.O. BOX 133051  
HIALEAH, FL 33013 US

## Current Mailing Address:

RICARDO VALDES  
P.O. BOX 133051  
HIALEAH, FL 33013 US

FEI Number: 20-0671167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

671 N.E. 195TH STREET  
APT 419  
MIAMI, FL 33179 US

## New Mailing Address:

671 N.E. 195TH STREET  
APT 419  
MIAMI, FL 33179 US

## Name and Address of Current Registered Agent:

VALDES, RICARDO  
282 WEST 36TH STREET  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

CASTILLO, ALEJANDRO  
671 N.E. 195TH STREET  
APT 419  
MIAMI, FL 33179 US

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.

SIGNATURE: ALEJANDRO CASTILLO

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALDES, RICARDO  
Address: 282 WEST 36TH STREET  
City-St-Zip: HIALEAH, FL 33012 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VALDES, RICARDO J  
Address: 671 N.E. 195TH STREET, APT 419  
City-St-Zip: MIAMI, FL 33179 US

Title: D ( ) Change (X) Addition  
Name: CASTILLO, ALEJANDRO  
Address: 671 N.E. 195TH STREET, APT 419  
City-St-Zip: MIAMI, FL 33179 US

Title: D ( ) Change (X) Addition  
Name: FISHER, JEFFREY P  
Address: 7705 ROLLING GROVE DRIVE WEST  
City-St-Zip: LAKE LAND, FL 33810 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO J VALDES

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date