FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068706

1. Entity Name

EDUARD'S SPORT, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91256 007 ***150.00

DO NOT WRITE IN THIS SPACE

94083794 2. Principal Place of Business 6993 N.W. 50 street 6993 N.W. 50 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE " 4. FEI Number 65-0440522 Applied For 112MI Not Applicable .3.316*6* \$8.75 Additional 5. Certificate of Status Desired U.S. A. Name and Address of Current Registered Agent AW FIRM OF MANFRED RESENOW. P.A DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 January 1 - May 1. Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00: \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS PUST HILE TITLE SASTOQUE EDVARDO NAME NAME STREET ADDRESS 6993 NW 50 5t Migmi, FL 33166 STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Miami, FL THILE TITLE SASTOQUE EDUARDO NAME NAME STREET ADDRESS STREET ADDRESS 6993 NW 50 CITY-ST-ZIP 33166 CITY-ST-ZIP TIT! F THE NAME ... NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP . IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE, 3 NAME STRÈET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE, NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: <u>£1/UPGPO PHS (OQU</u>

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