


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 004 ***150.00

DOCUMENT # 293000068706	
1. Entity Name EDUARD'S SPORT, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6993 NW 50st	3. Mailing Address 6993 NW 50st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

14016597

DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0440522	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country U.S.A	Zip 33166	Country U.S.A
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAW FIRM OF MANERED
Street Address (P.O. Box Number is Not Acceptable) ROSENOW PA
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 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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST 22510que Eduardo 6993 NW 50st Miami FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO SAS70QUE	4-28-05	786-325-0917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #