
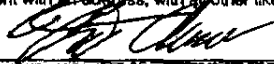


FILED
Apr 13, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000021993		
1. Entity Name ROAR BICYCLE INC.		
Principal Place of Business 3434 N.W. 27TH AVE. MIAMI, FL 33142		Mailing Address 3434 N.W. 27TH AVE. MIAMI, FL 33142
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ABREU, ROBERT V 490 WEST 35TH PLACE HIALEAH, FL 33012		04012005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0482619 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABREU, ROBERT V 490 WEST 35TH PLACE HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROJAS, OSVALDO A 4785 S.W. 4TH ST. MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  ROBERT ABREU		4-2-05 305.678.1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #