2004 FOR PROFIT CORPORATION

Mar 19, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P94000029424 03-19-2004 90071 035 ***150.00 1. Entity Name POLO GEAR, INC. Principal Place of Business Mailing Address 3500 FAIRLANE FARMS RD 12765 FOREST HILL BLVD **SUITE 1302** 24025815 **STE 15** WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0480960 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mario G. de Mendoza, III, P.A. DE MENDOZA, MARIO III Street Address (P.O. Box Number is Not Acceptable) 12765 FOREST HILL BLVD <u> 12765 Forest Hill Boulevard, </u> STE 1302 WEST PALM BEACH, FL 33-4144 Zip Code City 33414 Wellington, 33414 8. The above named entity/subprits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pegic <u>Mario G.</u> de Mendoza, III DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Duecter WHISENAMA POR MINE FELLERS, GARY T NAME NAME STE 602, FOI BRICKELL KLY DR JAMES 12765 FOREST HILL BLVD STE 1302 STREET ADDRESS STREET ADDRESS FC >3131 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP **VSD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SASSOON, JEANETTE NAME STREET ADDRESS 12765 FOREST HILL BLVD STE 1302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33414 TITLE TITLE Delete Change Addition DE MENOZA III, MARIO G NAME NAME STREET ADDRESS 12765 FOREST HILL BLVD STE 1302 STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP City-St-ZiP ☐ Delete TITLE ☐ Change ☐ Addition TITLE J MMES Whilsen NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

Gary T. Fellers, President

STREET ADDRESS

CITY-ST-7IP