

FILED
Jun 15, 2004 8:00 am
Secretary of State

04-30-2004 90242 046 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

66428210

DOCUMENT # P94000070519	
1. Entity Name BLACK DIAMOND APPAREL, INC.	
Principal Place of Business 2352 51ST STREET NORTH ST. PETERSBURG, FL 33710 US	Mailing Address P.O. BOX 48444 ST. PETERSBURG, FL 33743 US



01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3289501	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAISEL, STEPHEN S
3164 66TH STREET NORTH
ST. PETERSBURG, FL 33710
*2352 51ST ST N,
ST Pete, FL 33710*

**DO NOT WRITE
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE: *6/4/04*

722-7447

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAISEL, STEPHEN
STREET ADDRESS	3164 66TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

DATE: *6/4/04*

Daytime Phone #: *722-7447*