2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03 2004 8:00 am

HOCKEY WORLD, INC. Principal Place of Business Mailing Address		7.4.407-1.		<u> </u>		, 1914 y UJ, 2004 O.UU AIII	1
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Addition	HOCKEY	WORLD, INC.	A.			03-03-2004 90426 022 *** 130.00	
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Second S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		18	MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent GUROWITZ, MICHAEL 14392 BISCAYNE BLVD, MIAMI FL 33181 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Honda. Jam hamilier with, and accept the obligations of registered agent. SIGNATURE* **Symmers. Intered in present amount improved agent and site. I aparticusts. **NOTE Registered Agent agreetive research who revisions in the State of Honda. Jam hamilier with, and accept the obligations of registered agent. **SIGNATURE** **Symmers. Intered in present amount improved agent and site. I aparticusts. **INCTE Registered Agent agreetive research who revisions in the State of Honda. Jam hamilier with, and accept the obligations of registered agent, or both, in the State of Honda. Jam hamilier with, and accept the obligations of registered agent, or both, in the State of Honda. Jam hamilier with, and accept the obligations of registered agent. **SIGNATURE** **SURCE NOW!!! FEE IS \$150.00 **Affect May 1: 2004 Fee will be \$550.00 **Affect Adoless of China and Additional Transfer	City & State		City & State			4. FEI Number 65-0549584 Applied For Not Applicable	e
GUROWITZ, MICHAEL 14382 BISCAYNE BLVD. MIAMI FL 33181 B. 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 acceptable of the obligations of registered agent. SIGNATUR! FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State of State of Florida Department of Florida Department	Zip	Country	Zip	Country			
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1 12. Thereby certify that the information supplied with this filing does not gualify 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 changed, or on an attachment with an address, with all other like empowered.		an this report or supplemental report is	true and accurate and that m	w nionatura abo	II have the	some legal offect as it made under outs: that I am an officer or director	