
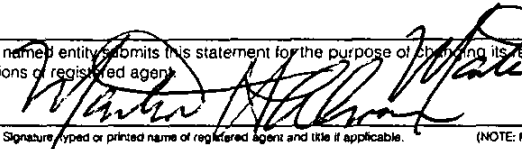
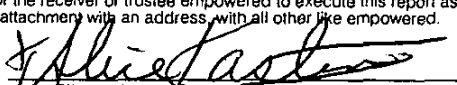


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90195 032 \*\*\*150.00

<b>DOCUMENT # P95000018419</b> 1. Entity Name <b>A &amp; M TENNIS &amp; SPORTING GOODS, INC.</b>					
Principal Place of Business <b>1448 ALTON ROAD</b> <b>MIAMI BEACH, FL 33139</b>			Mailing Address <b>9 ISLAND DR.</b> <b>2102</b> <b>MIAMI BEACH, FL 33139-1361 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>17290 NE 19th Ave</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>NORTH MIAMI BEACH, FL</b> Zip      Country <b>33162</b>		4. FEI Number <b>65-0561639</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KASTIN, ALICE</b> <b>9 ISLAND AVENUE STE 2102</b> <b>MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>MARTIN H. ALTMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>17290 NE 19th Ave</b> City <b>NORTH MIAMI BEACH, FL</b> Zip Code <b>33162</b>		
8. The above named entity submits this statement for the purpose of obtaining its registration as a corporation or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>MARTIN H. ALTMAN</b> DATE: <b>7/1/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KASTIN, ALICE M 9 ISLAND AVENUE #1804 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROSS, MARTHA 9 ISLAND AVENUE #1804 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>ALICE KASTIN</b> DATE: <b>7/1/05</b> DAYTIME PHONE: <b>305-531-0008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					