

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90040 003 ***150.00

DOCUMENT # P95000069477



1. Entity Name
S.V. SPORTS, INC.

Principal Place of Business
**7876 WEST 14TH AVENUE
 HIALEAH, FL 33014
 5307 Seagrape Circle
 Tamarac, FL 33319**

Mailing Address
**7876 WEST 14TH AVENUE
 HIALEAH, FL 33014
 5307 Seagrape Circle
 Tamarac, FL 33319**



2. Principal Place of Business		3. Mailing Address		03242004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0606663		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VALLARELLI-JULA, SUSAN 7876 WEST 14TH AVE HIALEAH, FL 33014 5307 Seagrape Circle Tamarac FL 33319				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULA, MICHAEL			NAME	5307 Seagrape Circle		
STREET ADDRESS	7876 WEST 14TH AVENUE 5307 SEAGRAPE Circle			STREET ADDRESS	Tamarac, FL 33319		
CITY-ST-ZIP	HIALEAH, FL 33014 TAMARAC FL 33319			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLARELLI, SUSAN			NAME	5307 Seagrape Circle		
STREET ADDRESS	7876 WEST 14TH AVE 5307 SEAGRAPE Circle			STREET ADDRESS	Tamarac, FL 33319		
CITY-ST-ZIP	HIALEAH, FL TAMARAC FL 33319			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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: Michael Jula Michael Jula 3/25/04 954 739-9707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #