

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032043

1. Entity Name
SPLASH SUNFUN BEACHWEAR, INC.

Principal Place of Business

120 S US 41 BYPASS
VENICE, FL 34292

Mailing Address

120 S US 41 BYPASS
VENICE, FL 34292

FILED
08 JAN 30 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0751827Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSENBERG, NOAH
231 N TAMiami TR
SARASOTA, FL 34236DO 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSENBERG, NOAH
STREET ADDRESS 120 S US 41 BYPASS
CITY-ST-ZIP VENICE, FL 34292

TITLE D
NAME ROSENBERG, LILI
STREET ADDRESS 120 S US 41 BYPASS
CITY-ST-ZIP VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600117640446
02/11/08--01005--015 **288.75
\$11/31

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lili Rosenberg 1/22/08 941-4886663