


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90001 048 ***550.00

DOCUMENT # P97000082514	
1. Entity Name NECTAR SPORTS, INC.	

Principal Place of Business 3680 AVACADO AVE COCONUT GROVE FL 33133	Mailing Address 3680 AVACADO AVE COCONUT GROVE FL 33133
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2. Principal Place of Business		3. Mailing Address 3670 Palmetto Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coconut Grove FL	
Zip 33133	Country U.S.	Zip 33133	Country U.S.



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent KAYES, ROBERT 2680 AVACADO AVE COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent	
		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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	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 P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSH, KERRY M		NAME	
STREET ADDRESS 517 IDLEWYLD DRIVE		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACNABB, GARY		NAME	
STREET ADDRESS 3680 AVACADO AVE		STREET ADDRESS	
CITY-ST-ZIP ENCINO CA 92021		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAYES, ROBERT		NAME	
STREET ADDRESS 3680 AVACADO AVE		STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL 33133		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSH, SHANNON		NAME	
STREET ADDRESS 517 IDLEWYLD DR.		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33304		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<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 NAME	<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: Robert Kayes 9/28/04 7863852365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #