

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000065351

1. Entity Name
KASSEL SPORTS, INC.



Principal Place of Business
**%BERNGARD & ASSOCIATES
6421 CONGRESS AVE 100
BOCA RATON, FL 33487**

Mailing Address
**%BERNGARD & ASSOCIATES
6421 CONGRESS AVE 100
BOCA RATON, FL 33487**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0852637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KASSEL, TERRY S
% BERNGARD
6421 CONGRESS AVE STE 100
BOCA RATON, FL 33487**

**DO 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 reinstating)

DATE 

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KASSEL, TERRY E
%BERNGARD & ASSOCIATES 6421 CONGRESS AVE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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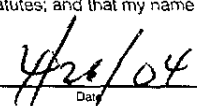
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

00000141956
04/30/04-00033-000 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4/26/04 203-964
Date Daytime Phone # 9524