2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90226 032 ***150.00

DOCUMENT # P99000023143

1. Entity Name
FORMULA SPORTYN, INC.

Principal Place of Business	Mailing Address
6412 NORTH UNIVERSITY DRIVE STE 116 TAMARAC, FL 33321	6412 NORTH UNIVERSITY DRIVE STE 116 TAMARAC, FL 33321

04212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7154 N. University Dr.	7154 N. University Dr.
Suite, Apt. #, etc.: #123	Suite, Apt. #, etc.: #123
City & State: Tamarac, FL	City & State: Tamarac, FL.
Zip: 33321-2916 Country: USA	Zip: 33321-2916 Country: U.S.A.

4. FEI Number: 65-0932474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, MARTA O
6412 NORTH UNIVERSITY DR
SUITE 116
TAMARAC, FL 33321

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
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVDT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TORRRES, MARTA O	NAME	
STREET ADDRESS	6412 NORTH UNIVERSITY DR., SUITE #116	STREET ADDRESS	7154 N. University DR. #123
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	Tamarac, FL 33321-2916
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: Martha Torres 4-24-07