2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2008 08:00 Al Secretary of State DOCUMENT # P99000056723 THE BICYCLE STORE, INC. Principal Place of Business Mailing Address 6600 SW 80TH STREET 6600 SW 80TH STREET MIAMI, FL 33143 MIAMI, FL 33143 01072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERGER, MAX DO NOT WRITE 301 ALMÉRIA AVE **SUITE 345** IN THIS SPACE CORAL GABLES, FL 33134 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BERGER, MAX STREET ADDRESS 1172 S DIXIE HWY, #411 CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME 000000780023 01/14/08-80005-017 158.75 STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP πιε STREET ADDRESS

12. Thereby 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

17/08

305-666-7702

Daylime Phone #

FILED