2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90412 032 ***150.00

NAME STREET ADDRESS 16470 N.E. 30TH AVE. CITY-ST-2IP ITILE TARICH, BENNY STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP	1. Entity Name SPORT TI									
MAMM BEACH, FL 33139 A State Cry & State Country State Address of State Desire Reserved Ramma and Address of Current Registered Agent T. Name and Address of State Desire Reserved Ramma Address of State Desire Reserved Reserved Reserved Reserved Reserved Reserved The above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement for the purpose of changing its registered agent, or both, in the State of Fords Ten above harmed orifly activities the statement or purpose of changing its registered agent, or both, in the State or Brain advent or statement or purpose or activity in activities and its activi	•		*		WE THE					
Suite, Apt. 4, otc. Suite, Apt. 4, otc. Suite, Apt. 4, etc. O4252004 ChgP CR2E034 (10/03)			MIAMI BEACH, FL 33	139						
City & State City & State Country Zip Country Site Address of Status Desired Site Address of Status Desired Site Address of Rew Registered Agent TARICH, BENNY (670 COLLINS AVE MIAMI BEACH, FL Zip Code City Site Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City Site Address (P.O. Box Number is Not Acceptable) City FL Zip Code City F	. Principal Pla	ace of Business	3. Mailing Address							
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252004	Chg-P	CR2E034	(10/03)		
Sectificate of Status Desired Section Se	City & State		City & State				·	<u> </u>		
6. Name and Address of Current Registered Agent ARICH, BENNY 670 COLLINS AVE 870 COLLINS AVE 870 COLLINS AVE 870 COLLINS AVE 870 COLLINS AVE 17 Expect Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 18 Event Address (P.O. Box Number is Not Acceptable) 19 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Address (P.O. Box Number is Not Acceptable) 10 Event Addr	Zip	Country	Zip	Count	ry				8.75 Ad	ditional
ARICH, BENNY 670 COLLINS AVE RIAMI BEACH, FL 33139 City FL Zip Code		6. Name and Address of Curre	nt Registered Agent			7, Name and	Address of New R			
City FL Zip Code 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 acc the obligations of registered agent. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent and like it specifies. Signature Spent or printed name of registered agent. In the Now III FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 See Cofficers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 In III. TARICH, MARK SIRET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 In III. STD	ARICH, B	ENNY		_						
City					Street Address (P.O. Box Number is Not Acceptable)					
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc the obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc the obligations of registered agent. 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 soc the obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc the obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc the obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc the signature required when remaining to part of the purpose of change agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soc additional agent and the information agent and the statement for the coordinate of the agent and the statement for the coordinate of the agent and the statement and statement and flore or dince of the coordinate of the agent and the statement and flore or dince of the agent and the statement and flore or dince of the agent and the statement and flore or dince of the agent and the statement and flore or dince of the agent and the statement and flore or dince of the agent and the statement and flore or dince of the agent and the statement		, , , , , , , , , , , , , , , , , ,								
THE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. Added to Fees IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO O					City			FL	Zip Coc	ie
After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD TARICH, MARK REFEADORESS 16470 N.E. 30TH AVE. STREET ADDRESS N. MIAMI BEACH, FL TILE TARICH, BENNY TARICH, MARE T	a.	Signature, typed or printed name of registered ag						DATE		
ID. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE PD				-	cing \$	5.00 May Be				
TARICH, MARK SIRET ADDRESS CITY-ST-2IP TARICH, MARK 16470 N.E. 30TH AVE. SIRET ADDRESS CITY-ST-2IP TARICH, BENNY AMA 2315 BISCAYNE BAY DR. SIRET ADDRESS CITY-ST-2IP TILE INLE INLE INLE INLE INLE INLE INLE				11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	IRECTOR	IS IN 11
STREET ADDRESS ITH'S 57-2P N. MIAMI BEACH, FL TARICH, BENNY 2315 BISCAYNE BAY DR. STREET ADDRESS STREET	1	· -	☐ Delete		ļ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C	Change	☐ Additio
TITLE STD TARICH, BENNY 2315 BISCAYNE BAY DR. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL Change Add MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add MAKE STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP Change Add MAKE STREET ADDRESS CITY-ST-ZIP Change C	I.	· ·			·					
TARICH, BENNY 2315 BISCAYNE BAY DR. ITHE ITHE INAME ITHEET ADDRESS ITH'-ST-ZIP ITHE ITHE INAME ITHEET ADDRESS ITH'-ST-ZIP ITHE	•———		F*3							
ITLE ITLE IMME IMME IMME IMME IMME IMME IMME IM			☐ Delete	- 4				L	Change	☐ Additi
TITLE Delete TITLE NAME	í				F					
STREET ADDRESS CITY-ST-ZIP TITLE Delete		NOTCH MINIMI, I L	☐ Delete						Change	Additio
CITY-ST-ZIP CITYE CHAME AMME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO change Add NAME NAME STREET ADDRESS CITY-ST-ZIP TO change Add NAME NAME STREET ADDRESS CITY-ST-ZIP TO change Add NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TO change Add NAME NAM	i				ì					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST										
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STRE			☐ Delete						Change	☐ Additio
ITILE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TREET ADDRESS			STREE	T ADDRESS					
ITREET ADDRESS ITY-ST-ZIP ITIE Delete TITLE NAME AME AME AME AME AME AME A			□ Doists			··· ··································			Change	□ Addis
CITY-ST-ZIP ITLE CHAME CHAME CHEET ADDRESS CITY-ST-ZIP CITY-ST-Z			☐ Delete		· · ·			L	change	∧outo
TITLE AMME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 profit 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 direct of the corporation or the receiver or true-before deep vector true-before the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or true-before deep vector true-before the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver of true-before deep vector deep vector true-before deep vector deep vector true-before deep vector true-before deep vector					- 1					
STREET ADDRESS CITY-ST-ZIP CI			☐ Delete			<u></u>			☐ Change	Addition
2. ITY-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 proof 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 direct of the corporation or the receiver or true of empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1	ŧ				L.					
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 eath; that I am an officer or direct of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1					-					
changed, or on an agadinnent with agradidless, war an arrethine empowered.	indicated of the corr	on this report or supplemental repo poration or the receiver or trustee er	rt is true and accurate and that noowered to execute this repo	t my signat rt as requir	nption stated in ure shalf have th ed by Chapter 6	Section 119.07(3)(i e same legal effect 07, Florida Statutes), Florida Statutes. as if made under o ; and that my name	I further certify bath; that I am e appears in E	y that the i an office Block 10 c	information r or director or Block 11