2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S51134

1. Entity Name ACTIBO SPORTSWEAR CORP.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

415 NW 28TH ST. MIAMI, FL 33127 Mailing Address

415 NW 28TH ST. MIAMI, FL 33127



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0261692 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MOON, RICHARD 415 NW 28 STREET MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

			ł .			
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 reinstalling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000123744 04/26/04-80030-013 (50.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOON, RICHARD 20245 N.E. 10TH CT. N. MIAMI BCH., FL 33179					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME			7			

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 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 reperver of further than the property of the corporation of the reperver of further than the property of the corporation of the reperver of further than the property of the corporation of the reperver of further than the information 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 report of the corporation of the report of the repor

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #