2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V03525

1. Entity Name
TEAM SCANDINAVIA, INC.

54001912

Principal Place of Business	Mailing Address
2697 SE CARTHAGE RD	PO BOX 7942
PORT ST LUCIE, FL 34985 US	PORT ST LUCIE, FL 34985-7942

DO NOT WRITE IN THIS SPACE

01142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0312242	Not Applicable

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

6. Name and Address of Current Registered Agent

BRODIE, LAWRENCE P
525 CAMDEN AVENUE
STUART, FL 34994

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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	PD
NAME	SUGISAWA, SHUICHI
STREET ADDRESS	2697 SE CARTHAGE ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ Patrick Sugisawa , president 1/22/04 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #