100Z2004 FOR PROFIT CORPORATION

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	ANNUAL	KEPORI			Jan 20, 2	004 08:00 A
DOCU	MENT # V22544				Secret	tary of State
1. Entity Nam	ne		1		Secre	iary or State
AILANIA	A FAVOR & SPORTSWEAR,	INC.	C. S.			
51 1 10			610			
	ce of Business	Mailing Address P.O. BOX 16311				
4347 9TH A St. Petersi	BURG, FL 33713	ST. PETERSBURG, FL 33733				1
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				01142004	No Chg-P CF	R2E034 (10/03)
r	O NOT WRITE	IN THIS SPA	CF			
-	O NOT WITH			4. FEI Numb		Applied For Not Applicable
					e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		<u></u>		
MAN EDODEE DEN LID					MOT MO	· · · · · · · ·
WALLDORFF, PHILLIP. 4347 9TH AVENUE				DO	NOT WRI	IE
ST. PETERSBURG, FL 33713				IN '	THIS SPACE	CF.
				11.4		
	e named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	red office or re	gistered agent, or be	oth, in the State of Florida.	I am familiar with, and accept
_						
SIGNATURE.	Signature, typed or printed name of registered agent and	ine il applicable. (NOTE. Register	ed Agent signature i	required when reinstating)	, , , , , , , , , , , , , , , , , , ,	ATE :
Fil After M	E NOWIII FEE 18 \$150.00 (ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	RECTORS	<u> </u>		<u> </u>	
TATLE	CEO					
HAME STREET ADDRESS	WALLDORFF, PHILLIP 4347 9TH AVENUE		ł			
CITY-ST-ZIP	ST. PETERSBURG, FL 33713					751 35-025 150.00
TITLE			1	and the second	011/50/04-800	35-025 150.00
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STREET ADDRESS CITY-ST-ZIP				a compa		
TITLE						
NAME			l			
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
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NAME			1	NII.	THIS SPAC	J.E.
STREET ADDRESS			1			
CITY-ST-ZIP	<u> </u>		_			•

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 turther certify that the information indicated on this report or supplemental eport 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 posses are powered to execute the 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 its portrained.

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Sta Cver

SIGNATURE:

HILE NAME

STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

Public Access Help