


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # F02000005287
1. Entity Name
EASTBAY RETAIL VENTURES, INC.



Principal Place of Business _____ Mailing Address _____
332 2ND ST. 332 2ND ST.
OAKLAND, CA 94607 OAKLAND, CA 94607

DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3221847 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOUTH, TOM
14348 TAMBORINE DR
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAJUA, MARGARET
STREET ADDRESS	1150 ESTATES DR
CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	CFO
NAME	WEINGARTEN, DAVID
STREET ADDRESS	1150 ESTATES DR
CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	VPD
NAME	WEINGARTEN, DAVID
STREET ADDRESS	1150 ESTATES DR
CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	DS
NAME	HOWARD, LUCIA
STREET ADDRESS	1150 ESTATES DR
CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/05-80003-015 150.00

**DO NOT WRITE
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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:  MARGARET MAJUA 2/21/05 (510) 282-281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #