2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N02000009658

Entity Name: THE MIAMI MAVERICKS TENNIS CLUB, INC.

Current Principal Place of Business:

514 SANTANDER AVE #5
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

514 SANTANDER AVE #5
CORAL GABLES, FL 33134

New Mailing Address:

P. O. BOX 140987
CORAL GABLES, FL 33114

FEI Number: 55-0814991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AGUILAR, BAYARDO N JR CPA
8425 SW 81 TERRACE
MIAMI, FL 33143 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOLENG, DENNIS
Address: 514 SANTANDER AVE #5
City-St-Zip: CORAL GABLES, FL 33134

Title: DT ( ) Delete
Name: HUECK, ERICK
Address: 1510 SIENA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: DV ( ) Delete
Name: FREED, JASON
Address: 13115 BISCAYNE BAY TERRACE
City-St-Zip: NORTH MIAMI, FL 33181

Title: DS ( ) Delete
Name: RESENDE, IVAN
Address: 6910 MAIN STREET # 353
City-St-Zip: MIAMI LAKES, FL 33014

Title: DT ( ) Delete
Name: MCGRIFF, DAVID
Address: 14220 SW 79TH COURT
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCGRIFF DT 05/01/2006

Electronic Signature of Signing Officer or Director — Date