

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007855

FILED
Feb 16, 2005
Secretary of State

Entity Name: MASTERS FENCING CLUB, INC.

Current Principal Place of Business:

3585 MYSTIC POINTE DR SUITE A
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3585 MYSTIC POINTE DR SUITE A
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 03-0547116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRALDO, MANUEL R
3585 MYSTIC POINTE DR SUITE A
AVENTURA, FL 33180 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: D () Delete
Name: HIRALDO, MANUEL R
Address: 2540 NE 208 TERR
City-St-Zip: MIAMI, FL 33180

Title: D () Delete
Name: SUAREZ, RAFAEL
Address: 131 SW 117 AVE APT 304
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: MANUEL HIRALDO

_____ Electronic Signature of Signing Officer or Director

DTOR

02/16/2005

_____ Date