

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002552

FILED
Jan 23, 2009
Secretary of State

Entity Name: TRIDENT RUGBY FOOTBALL CLUB, INC.

Current Principal Place of Business:

1205 MARIPOSA AVE, 317
CORAL GABLES, FL 33146

New Principal Place of Business:

5208 ALTON ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

1205 MARIPOSA AVE, 317
CORAL GABLES, FL 33146

New Mailing Address:

5208 ALTON ROAD
MIAMI BEACH, FL 33140

FEI Number: 56-2599809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPOLITO, GUSTAVO
1205 MARIPOSA AVE
APARTMENT 317
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

DIPOLITO, GUSTAVO
13874 SW 90TH AVE
FF204
MIAMI, FL 33176 US

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: GUSTAVO DIPOLITO

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIPOLITO, GUSTAVO
Address: 1205 MARIPOSA AVE, APT 317
City-St-Zip: CORAL GABLES, FL 33146

Title: DVP () Delete
Name: BRETOS, FERNANDO
Address: 5208 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT () Delete
Name: HULTGREN, TOM
Address: 2275 BISCAYNE BLVD APT 608
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: RUIZ, LEONEL
Address: 3110 BIRD ROAD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DIPOLITO, GUSTAVO
Address: 13874 SW 90TH AVE APT FF204
City-St-Zip: MIAMI, FL 33176

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 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: TOM HULTGREN

DT

01/23/2009

Electronic Signature of Signing Officer or Director

Date