

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008617

FILED
Feb 12, 2008
Secretary of State

Entity Name: FLAMING KNIGHTS OF MIAMI MC INC.

Current Principal Place of Business:

2005 SUNSET DR. SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

PO BOX 881886
PORT ST LUCIE, FL 34988

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, RONALD E
2005 SUNSET DR SW
VERO BEACH, FL 32962 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: P () Delete
Name: BRUNACHE, STEVE A
Address: PO BOX 881886
City-St-Zip: PORT ST LUCIE, FL 34988

Title: VP () Delete
Name: LEFORE, STEVEN
Address: PO BOX 881886
City-St-Zip: PORT ST LUCIE, FL 34988

Title: SEC () Delete
Name: DANIELS, RONALD E
Address: PO BOX 881886
City-St-Zip: PORT ST LUCIE, FL 34988

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:

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: STEVE A BRUNACHE

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date