

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2004  
Secretary of State**

DOCUMENT# N21228

Entity Name: BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.

**Current Principal Place of Business:**

17601 NW 2ND AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

17601 NW 2ND AVE  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 65-0008563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, PAULETTE  
844 NW 81 WAY  
PLANTATION, FL 33324      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: V      ( ) Delete  
Name: LITMAN, JULES  
Address: 17011 NE 19TH AVE  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: MS      ( ) Delete  
Name: WATSON, PAULETTE  
Address: 844 NW 81 WAY  
City-St-Zip: PLANTATION, FL 33324

Title: P      ( ) Delete  
Name: KRAWITZ, TED,  
Address: 1050 WILSHIRE CIR W  
City-St-Zip: PEMBROKE PINES, FL

Title: D      ( ) Delete  
Name: ROMANIK, THOMAS  
Address: 17601 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

Title: TD      ( ) Delete  
Name: ROMANIK, MICHAEL  
Address: 17601 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P      (X) Change ( ) Addition  
Name: KRAWITZ, TED,  
Address: 22258 DRAWBRIDGE DRIVE  
City-St-Zip: LEESBURG, FL 34748

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: PAULETTE WATSON

MS

05/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date