

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005282

FILED
May 01, 2008
Secretary of State

Entity Name: INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45, INC.

Current Principal Place of Business:

8961 SW 150TH CT CIR W
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

8961 SW 150TH CT CIR W
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 65-0537325 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:

DEL VECCHIO, RICHARD A
8961 SW 150TH CT CIR W
MIAMI, FL 33196 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: PD () Delete
Name: BERDASCO, LOU
Address: 1408 BRICKELL BAY DR. # 410
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: SOUSA, JOSE
Address: 6261 SW 158 CT.
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: DEL VECCHIO, RICK
Address: 8961 SW 150 W. CT. CIRCLE
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: SILVER, JEFF
Address: 3401 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: SAD () Delete
Name: SILVER, HILL
Address: 7860 SW 20 STREET
City-St-Zip: MIAMI, FL 33155

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 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: RICK DEL VECCHIO

SD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date