

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001886

**Entity Name:** ALPHA OMEGA ELITE TRACK TEAM & FITNESS INC

**Current Principal Place of Business:**

855 W 69TH PLACE  
HIALEAH, FL 33014

**Current Mailing Address:**

855 W 69TH PLACE  
HIALEAH, FL 33014

**FEI Number:** 20-0119490

**Certificate of Status Desired:** No

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

KING-FOSTER, TAMARA  
855 W 69TH PLACE  
HIALEAH, FL 33014 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KING-FOSTER, TAMARA R  
Address 855 W 69TH PLACE  
City-State-Zip: MIAMI FL 33014

Title VPD  
Name ROBINSON, WAYNE F  
Address 13561 SW 110TH AVE  
City-State-Zip: MIAMI FL 33176

Title SD  
Name KING, TINA M  
Address 7504 SW 179TH TERRACE  
City-State-Zip: PALMETTO BAY FL 33157

Title DT  
Name ROBINSON, VICTO-RENE M  
Address 13561 SW 110TH AVE  
City-State-Zip: MIAMI FL 33176

Title D  
Name FRYE, CURTIS  
Address 8542 SW 214TH WAY  
City-State-Zip: MIAMI FL 33189

Title D  
Name PALMER, PAUL  
Address 12790 SOUTH DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33156-5960

Title DIRECTOR  
Name KING, JORENE  
Address 7504 SW 179TH TERRACE  
City-State-Zip: PALMETTO BAY FL 33157

*I hereby 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 all other like empowered.*

**SIGNATURE:** TAMARA KING-FOSTER

PD

02/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date