

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004237

**Entity Name:** SEVEREPAIN WRESTLING BOOSTER INC.

**Current Principal Place of Business:**

16450 NW 2ND AVE  
109  
MIAMI, FL 33169

**Current Mailing Address:**

16450 NW 2ND AVE  
109  
MIAMI, FL 33169

**FEI Number:** 35-2410164

**Certificate of Status Desired:** No

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

SEVERE, JOHN  
16450 NW 2ND AVE  
109  
MIAMI, FL 33169 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 P  
Name CHERENFANT, MILLER  
Address 735 NE 179TH TERRACE  
City-State-Zip: MIAMI FL 33162

Title VP  
Name PIERRE, CLAUDIA  
Address 20610 NW 28 CT  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** MILLER CHERENFANT

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date