above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2013 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

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

Officer/Director Detail :			
Title	Р	Title	VP
Name	CHERENFANT, MILLER	Name	PIERRE, CLAUDIA
Address	735 NE 179TH TERRACE	Address	20610 NW 28 CT
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI GARDENS FL 33056

SIGNATURE: MILLER CHERENFANT PRESIDENT

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

FILED Apr 29, 2013 Secretary of State CC0421349005

Certificate of Status Desired: No

04/29/2013

Date

Date