

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

DOCUMENT# N94000005282

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

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC8389929124**

**Current Principal Place of Business:**

9850 SW 166TH COURT  
MIAMI, FL 33196

**Current Mailing Address:**

9850 SW 166TH COURT  
MIAMI, FL 33196 US

**FEI Number: 65-0537325**

**Certificate of Status Desired: No**

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

DEL VECCHIO, RICHARD A  
9850 SW 166TH COURT  
MIAMI, FL 33196 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            PRES.  
Name            GLEASON, PHILIP  
Address        6361 SW 49TH STREET  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            HARRIS, ED  
Address        4800 NE 2ND AVE.  
City-State-Zip: MIAMI FL 33137

Title            SEC  
Name            CURREN, RICHARD  
Address        5555 COLLINS AVE. APT. 7G  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREA  
Name            CURREN, SHEILA  
Address        5555 COLLINS AVE. APT 7G  
City-State-Zip: MIAMI BEACH FL 33140

Title            SA  
Name            SILVER, JEFF  
Address        221 CANDIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title            BOD  
Name            TEIXEIRA, ALEXANDER  
Address        13121 SW 108 ST.  
City-State-Zip: MIAMI FL 33186

Title            BOD  
Name            DEL VECCHIO, RICHARD A  
Address        9850 SW 166TH COURT  
City-State-Zip: MIAMI FL 33196

*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: RICHARD A. DEL VECCHIO**

**BOD, REGISTERED  
AGENT**

**03/06/2015**

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

\_\_\_\_\_  
Date