

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# 703984

Entity Name: MIRAMAR POLICE BENEVOLENT ASSOCIATION INC.

**Current Principal Place of Business:**

7000 S.W. 35TH STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4271  
MIRAMAR, FL 33083

**New Mailing Address:**

FEI Number: 65-0013773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

BUENO, GILBERTO  
3064 N. COMMERCE PARKWAY  
MIRAMAR, FL 33025      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: BONIS, MARIO  
Address: 3064 N. COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: VD      ( ) Delete  
Name: GARCIA, DANIEL  
Address: 3064 N. COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: TD      ( ) Delete  
Name: BUENO, GILBERTO  
Address: 3064 N. COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: SD      ( ) Delete  
Name: DUNKELBERGER, JAMES  
Address: 3064 N. COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

**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:

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: GILBERTO BUENO

TD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date