


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 734227
 1. Entity Name
DADE COUNTY BOWLERETTES, INC.



Principal Place of Business Mailing Address
1300 ST CHARLES PLACE #717 **1300 ST CHARLES PLACE #717**
PEMBROKE PINES, FL 33026 US **PEMBROKE PINES, FL 33026 US**

DO NOT WRITE IN THIS SPACE



03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-6522859 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOLDSTEIN, PHILLIP J
9210 SW 72 ST, STE 101
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000116730
 04/16/04-80077-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTY, CAROLE 18520 N W 82ND AVE. HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTEIN, SHELLY 9420 SW 102ND ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSTON, MARY J 2965 AZALEA DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANNING, IRIS 1300 ST CHARLES PL #717 PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASO, DOROTHY 2903 CAYENNE AVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Iris B. Manning* 4/7/04 (954) 435-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #