

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734227

FILED
Apr 07, 2005
Secretary of State

Entity Name: DADE COUNTY BOWLERETTES, INC.

Current Principal Place of Business:

1300 ST CHARLES PLACE #717
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1300 ST CHARLES PLACE #717
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 59-6522859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, PHILLIP J
9210 SW 72 ST, STE 101
MIAMI, FL 33173 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: P () Delete
Name: PETTY, CAROLE
Address: 18520 N W 82ND AVE.
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: GOLDSTEIN, SHELLY
Address: 9420 SW 102ND ST.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: KERSTON, MARY J
Address: 2965 AZALEA DR
City-St-Zip: COOPER CITY, FL 33026

Title: ST () Delete
Name: MANNING, IRIS
Address: 1300 ST CHARLES PL #717
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: FASO, DOROTHY
Address: 2903 CAYENNE AVE
City-St-Zip: COOPER CITY, FL 33026

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRIS B MANNING

MS

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date