


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 9650 SOUTH BELFORT CIRCLE TAMARAC, FL 33321 US	Mailing Address 9650 SOUTH BELFORT CIRCLE TAMARAC, FL 33321 US
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01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6522859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, PHILLIP J
4914 SW 72ND AVENUE
MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

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, SHELLEY 9420 SW 102ND ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMMOND, SANDRA 9650 SOUTH BELFORT CIRCLE TAMARAC, FL 33321
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01/28/09-80017-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra Hammond SANDRA HAMMOND 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #