2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003942

PERDOMO, CLAIR

1275 NW 192ND WAY

PEMBROKE PINES, FL 33029

Name:

Address:

City-St-Zip:

Entity Name: GET ELANAGAN A STADIUM INC

FILED Apr 28, 2005 Secretary of State

Entity Nan	ne: GETFLA	NAGAN	A STADIUM, INC.							
Current Principal Place of Business:					New Principal Place of Business:					
12800 TAF PEMBROK	T STREET E PINES, FL	33028								
Current Mailing Address:					New Mailing Address:					
12800 TAF PEMBROK	T STREET E PINES, FL	33028								
FEI Number:	65-0950368	FEI Nu	mber Applied For()	FEI Nun	nber Not Appli	cable ()	Certific	ate of Status Des	ired()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:					
ROSE, HEI 12800 TAF PEMBROK		33028	US							
The above in the State		submits	this statement for the pu	rpose o	f changing its	s registered	d office or	registered ager	nt, or both,	
SIGNATUR	RE:									
	Electron	iic Signa	ture of Registered Agen	t				Date		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () ROSE, HENRY 11590 SW 9 CT PEMBROKE PII	Γ	33028		Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	SD () HANNUM, PATT 1040 NW 191S PEMBROKE PII	T AVE	33029		Title: Name: Address: City-St-Zip:	D TAMAYO, RU 450 NW 106 PEMBROKE	JDY TERR	() Addition 33026		
Title: Name: Address:	COMBS, DEAN 501 SW 172 AV	/E	22020		Title: Name: Address:	VD COMBS, DE 501 SW 172	AN AVE	() Addition		
City-St-Zip: Title:	PEMBROKE PII	Delete	33U2 8		City-St-Zip:	PEMBROKE TD	,	() Addition		

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.

Name:

Address:

City-St-Zip:

OIEN, TERRI

1610 SW 120 TERR

PEMBROKE PINES, FL 33025

SIGNATURE: HENRY A ROSE PD 04/28/2005