

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90011 035 ****70.00

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1. Entity Name

ELIM SPORTS PROGRAM, INC.



Principal Place of Business

5800 S.W. 90TH COURT
MIAMI, FL 33173

Mailing Address

5800 S.W. 90TH COURT
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1023995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLEDA, CONRADO
5800 S.W. 90TH COURT
MIAMI, FL 33173

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOLLEDA, CONRADO
STREET ADDRESS 5800 S.W. 90TH COURT
CITY-ST-ZIP MIAMI, FL 33173

TITLE VTD
NAME MOLLEDA, ELSA
STREET ADDRESS 5800 S.W. 90TH COURT
CITY-ST-ZIP MIAMI, FL 33173

TITLE S
NAME RODRIGUEZ, TEODORO
STREET ADDRESS 7260 SW 138 CT
CITY-ST-ZIP MIAMI, FL 33183

TITLE VD
NAME RIVERA, EDWIN JR
STREET ADDRESS 6110 SW 33 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE V
NAME ESTRADA, MARIO DANIEL
STREET ADDRESS 11515 SW 172 TER
CITY-ST-ZIP MIAMI, FL 33157

TITLE V
NAME PEREZ, RUBEN
STREET ADDRESS 3501 SW 127 CT.
CITY-ST-ZIP MIAMI, FL 33175

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IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONRADO MOLLEDA

1-6-2004

305.491.5648

Date

Daytime Phone #