

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000004265**

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**



02092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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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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 \_\_\_\_\_

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C  
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 P  
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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02/26/07-80017-006 70.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CONRADO MOLLEDA - ELIM SPORTS** 2-10-07 305-491-5648