

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90001 013 \*\*\*\*61.25

DOCUMENT # N00000005007

1. Entity Name  
WORLD OLYMPIANS ASSOCIATION, INC.



Principal Place of Business  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

Mailing Address  
P.O. BOX 140668  
CORAL GABLES, FL 33114-0668 US



2. Principal Place of Business - No P.O. Box #  
1200 Anastasia Avenue

3. Mailing Address  
1200 Anastasia Avenue

Suite, Apt. #, etc.  
Suite 450

Suite, Apt. #, etc.  
Suite 450

01242008 Chg-NP CR2E037 (12/06)

City & State  
Coral Gables

City & State  
Coral Gables

4. FEI Number  
59-3689197

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
Andres Montejo, Esq

Street Address (P.O. Box Number is Not Acceptable)  
6187 NW 167th St.

Suite H-36

City  
Miami

FL

Zip Code  
33015

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

2/12/08

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SCMITT, PAL DR.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FERRIS, ELIZABETH DR  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
BOUZOU, JOEL MR  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Fosbury, Richard MR.  
680 N Second Ave.  
Ketchum, ID 83340 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
Ledgard Grimm, Tony Mr.  
1200 Anastasia Ave.  
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PV  
Montejo, Andres Mr.  
6187 NW 167th St #H-36  
Miami, FL 33015 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

2-12-08