
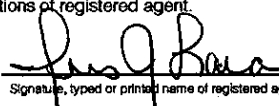

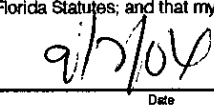


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

09-24-2004 90002 021 \*\*\*\*61.25

<b>DOCUMENT # N00000007405</b> 1. Entity Name <b>ENCHANTERS BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>15255 SW 96 STREET MIAMI, FL 33196</b>			Mailing Address <b>15255 SW 96 STREET MIAMI, FL 33196</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>LARA, IRIS</b> <b>7601 SW 142ND AVE</b> <b>MIAMI, FL 33183</b>		Name <b>Barbara Lee</b> Street Address (P.O. Box Number is Not Acceptable) <b>10420 SW 143 Ave</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>			
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 <b>Barbara Lee</b>		DATE <b>9/17/04</b>	
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA, IRIS		NAME	Barbara Lee	
STREET ADDRESS	7601 SW 142 AVE		STREET ADDRESS	10420 SW 143 Ave	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	Miami FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, YOLANDA		NAME	Shelly Ruiz	
STREET ADDRESS	15344 SW 111 ST		STREET ADDRESS	8247 SW 147 Ct	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI FL 33193	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONGAS, ELSIE		NAME	Haydee Pabon	
STREET ADDRESS	15015 SW 148 ST		STREET ADDRESS	16272 SW 97 St	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami FL 33196	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECOUR, LOURDES		NAME	Jennifer Tseng	
STREET ADDRESS	11463 SW 109 RD BLDG C		STREET ADDRESS	15358 SW 113 Ter	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami FL 33196	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, DONNA		NAME	Elsie Mongas	
STREET ADDRESS	15561 SW 155 AVE		STREET ADDRESS	15015 SW 148 St	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami FL 33196	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE: <b>9/17/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

34073464



03232003 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1059085**

Applied For  
Not Applicable

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

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 September 8, 2004**

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	P	<input checked="" type="checkbox"/> Delete
NAME	LARA, IRIS	
STREET ADDRESS	7601 SW 142 AVE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JONES, YOLANDA	
STREET ADDRESS	15344 SW 111 ST	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONGAS, ELSIE	
STREET ADDRESS	15015 SW 148 ST	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LECOUR, LOURDES	
STREET ADDRESS	11463 SW 109 RD BLDG C	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEE, DONNA	
STREET ADDRESS	15561 SW 155 AVE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Lee	
STREET ADDRESS	10420 SW 143 Ave	
CITY-ST-ZIP	Miami FL 33186	
TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelly Ruiz	
STREET ADDRESS	8247 SW 147 Ct	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haydee Pabon	
STREET ADDRESS	16272 SW 97 St	
CITY-ST-ZIP	Miami FL 33196	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Tseng	
STREET ADDRESS	15358 SW 113 Ter	
CITY-ST-ZIP	Miami FL 33196	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elsie Mongas	
STREET ADDRESS	15015 SW 148 St	
CITY-ST-ZIP	Miami FL 33196	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #