

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001993

FILED
Apr 26, 2007
Secretary of State

Entity Name: MIAMI-DADE COUNTY AQUATIC CLUB, INC.

Current Principal Place of Business:

10015 SW 2 TERRACE
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10015 SW 2 TERRACE
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-1085958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CERRO, MARGARITA
10015 SW 2 TERRACE
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: DEL CERRO, MARGARITA
Address: 10015 SW 2 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: RODRIGUEZ, RICARDO
Address: 10015 SW 2 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: TD () Delete
Name: RODRIGUEZ, DAVID A
Address: 10015 SW 2 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: DEL CERRO, MARGARITA
Address: 10015 SW 2 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: OF () Delete
Name: RODRIGUEZ, RICARDO A
Address: 10015 S.W. 2 TER
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARGARITA DEL CERRO

PDS

04/26/2007

Electronic Signature of Signing Officer or Director

Date