# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2007**
**Secretary of State**

DOCUMENT# N01000006281

**Entity Name:** WARRIOR BAND PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BAND DIRECTOR
6425 MIAMI LAKEWAY NORTH
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BAND DIRECTOR
6425 MIAMI LAKEWAY NORTH
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number: 65-0966615** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOMEZ, VIRGINIA
6450 NW 170 TERRACE
MIAMI, FL 33015 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: P ( ) Delete
Name: SILVA, JANILLE
Address: 6425 MIAMI LAKEWAY DR
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete
Name: FLORES, VANESSA
Address: 6425 MIAMI LAKEWAY DR
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete
Name: GOMEZ, VIRGINIA
Address: 6425 MIAMI LAKEWAY DR
City-St-Zip: HIALEAH, FL 33014

Title: S ( ) Delete
Name: CARVAJAL, MARIBEL
Address: 6425 MIAMI LAKEWAY DR.
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: KAREN, SMITH
Address: 6425 MIAMI LAKEWAY DR
City-St-Zip: HIALEAH, FL 33014

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

Title: TD (X) Change ( ) Addition
Name: TALAVERA, AYDA
Address: 6425 MIAMI LAKEWAY DR
City-St-Zip: HIALEAH, FL 33014

Title: S (X) Change ( ) Addition
Name: FLORES, VANESSA
Address: 6425 MIAMI LAKEWAY DR.
City-St-Zip: MIAMI LAKES, FL 33014

Title: CO ( ) Change (X) Addition
Name: MESTA, CELESTE
Address: 6425 MIAMI LAKEWAY DR.
City-St-Zip: MIAMI LAKES, FL 33014

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: VIRGINIA GOMEZ TD 04/29/2007

Electronic Signature of Signing Officer or Director — Date