2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N01000006676

Entity Name: WESTON FIELD HOCKEY CLUB, INC.

Current Principal Place of Business:

P O BOX 268238
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 268238
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-1140427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON ROAD
SUITE 306
WESTON, FL 33326 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: PD ( ) Delete
Name: ALEMANM, JORGE E
Address: P O BOX 268238
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete
Name: PINTOS, MARIA B
Address: P O BOX 263238
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: GIORDANO, ANA
Address: P O BOX 263238
City-St-Zip: WESTON, FL 33326

Title: SD ( ) Delete
Name: FERRUCCI, ALICIA B
Address: PO BOX 268238
City-St-Zip: WESTON, FL 33326

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GHIRALDO, ANTONIO
Address: P O BOX 268238
City-St-Zip: WESTON, FL 33326

Title: TD (X) Change ( ) Addition
Name: ALVAREZ, MERCEDES A
Address: P O BOX 263238
City-St-Zip: WESTON, FL 33326

Title: D (X) Change ( ) Addition
Name: SABATE, SILVIA
Address: P O BOX 263238
City-St-Zip: WESTON, FL 33326

Title: D (X) Change ( ) Addition
Name: RUTEMBERG, RUTH
Address: PO BOX 268238
City-St-Zip: WESTON, FL 33326

Title: SD ( ) Change (X) Addition
Name: PINTOS, BEATRIZ
Address: PO BOX 268238
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GHIRALDO, ANTONIO PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date