

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002576

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE MIAMI TEAM, INC.

**Current Principal Place of Business:**

12422 SW 251 TERRACE  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

12422 SW 251 TERRACE  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 01-0656635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BULKLEY, JAMES W  
12422 SW 251 TERRACE  
HOMESTEAD, FL 330325929 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: BULKLEY, JAMES  
Address: 12422 SW 251 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: TD ( ) Delete  
Name: VENTO, JUDY  
Address: 25064 SW 123 PLACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: SD ( ) Delete  
Name: KNIGHT, KENNETH  
Address: 37 MARINE DRIVE  
City-St-Zip: NARRAGANSETT, RI 08228 US

Title: M ( ) Delete  
Name: HOLBROOK, JOSEPH  
Address: 25505 SW 126 COURT  
City-St-Zip: PRINCETON, FL 330235804 US

Title: M ( ) Delete  
Name: MEADOWS, JOHN  
Address: 3516 WESTMONT CIRCLE  
City-St-Zip: LEXINGTON, KY 405131224

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

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

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

Title: ( ) Change ( ) Addition  
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: JAMES W. BULKLEY

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date