2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005332

FILED Jun 29, 2009 Secretary of State

Entity Name: THOROUGHBRED BAND PARENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O THE DIRECTOR OF BANDS HIALEAH HIGH

251 EAST 47TH STREET HIALEAH, FL 33013

Current Mailing Address:

251 EAST 47TH STREET PO BOX 133068 HIALEAH, FL 33013 HIALEAH, FL 33013

FEI Number: 01-0735838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ILLA, ZONIA 251 EAST 47TH STREET HIALEAH, FL 33013

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:

City-St-Zip:

City-St-Zip:

New Mailing Address:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HIALEAH, FL 33013

D/P D/P () Delete (X) Change () Addition ILLA, ZONIA ILLA. ZONIA Name: Name:

P O BOX 133068 Address: 251 EAST 47TH STREET Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013

Title: D/VP () Delete Title: (X) Change () Addition GORT, MORAIMA Name: RODRIQUEZ, ORLANDO Name: Address: P O BOX 133068 Address: 251 EAST 47TH STREET

Title: () Delete Title: (X) Change () Addition

DUARTE, LOURDES DOMINGUEZ, MARIA Name: Name: Address: P O BOX 133068 Address: P O BOX 133068 City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013

Title: D/Τ () Delete Title: () Change () Addition

GARCIA, CARIDAD Name: Name: P O BOX 133068 Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip:

Title: () Delete Title: () Change () Addition

ALBARELLO, JOSE Name: Name: P O BOX 133068 Address: Address: City-St-Zip: HIALEAH, FL 33013 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: CARIDAD GARCIA D/T 06/29/2009