


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006873 1. Entity Name MIAMI VOLLEYBALL CLUB, INC.	
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Principal Place of Business 4110 HARDIE ROAD MIAMI, FL 33133	Mailing Address 4110 HARDIE ROAD MIAMI, FL 33133
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04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4211642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PEREZ, LUIS A ESQ.
201 SOUTH BISCAYNE BLVD
SUITE 3200
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000109341
04/12/04-80038-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ROMANO, JUAN CARLOS 4110 HARDIE ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP PEREZ, LUIS A ESQ. 6731 S.W. 64 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T ROMANO, EMILIA B 4110 HARDIE ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S PEREZ, LESLIE T 6731 S.W. 64 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/04** Daytime Phone # **305-358-5171**

Luis A. Perez