

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007025

FILED
Apr 29, 2009
Secretary of State

Entity Name: MIAMI CARNIVAL SATURDAY NIGHT MAS INC.

Current Principal Place of Business:

9501 SW 165TH ST.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9501 SW 165TH ST.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 14-2126632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, HAYDEN M
9501 SW 165TH ST.
MIAMI, FL 33157 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: DAVIS, HAYDEN M
Address: 9501 SW 165TH ST.
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: WALCOTT, SANDRA
Address: 20325 NW 34TH AVE.
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: JAGBIR, JENNIFER
Address: 9131 SW 164TH ST.
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: NEILSON, ANNETTE
Address: 17890 SW 113 CT
City-St-Zip: MIAMI, FL 33157

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

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: RD () Change (X) Addition
Name: FORD, CHARLENE C
Address: 3320 NW 177 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: HAYDEN M DAVIS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date