

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007025

FILED  
Mar 03, 2011  
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 ( )**

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

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

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

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

Title: RD  
Name: FORD, CHARLENE C  
Address: 3320 NW 177 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056 US

I hereby 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 all other like empowered.

SIGNATURE: HAYDEN DAVIS

PD

03/03/2011

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

\_\_\_\_\_  
Date