2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007621

Entity Name: CONTACIOUS BAND IN

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Entity Na	me: CONTAC	GIOUS BAND, INC					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
811 SOME DAVIE, FL	ERSET AVENU . 33325 US						
Current Mailing Address:			New Mail	New Mailing Address:			
811 SOME DAVIE, FL	ERSET AVENU . 33325 US						
FEI Number	: 16-1631958	FEI Number Applied For () FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Age	nt: Name and	Name and Address of New Registered Agent:			
811 SOME DAVIE, FL		•	r the purpose of changing	its registere	d office or registered agent, or	hoth	
in the State	e of Florida.	subilitis tilis statement lo	The purpose of changing	its registere	d office of registered agent, or	DOIII,	
SIGNATU							
	Electro	nic Signature of Registere	ed Agent		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (SIERRA, VIRG 811 SOMERSE DAVIE, FL 333	ET AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	CARRERO, JA 5206 SW 87TH		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VIDAL, RENE) Delete HAVENUE - APT # 4H , FL 33024 US	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (CASAS, GABR 12644 NW 121 SUNRISE, FL	TH COURT	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	() Delete	Title	n	() Change (X) Addition		

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.

Name:

Address:

City-St-Zip:

CASTILLO, LUÍS

PLANTATION, FL 33325

160 COMMODORE DRIVE APT# 816

SIGNATURE: VIRGILIO SIERRA, JR PRES 03/20/2009