

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

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008733

1. Entity Name

CUDA KEYS BOOSTER CLUB, INC.



Principal Place of Business

10324 S.W. 127TH COURT
MIAMI, FL 33186

Mailing Address

10324 S.W. 127TH COURT
MIAMI, FL 33186



04302004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

36-4512568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALGADO, MARIA PILAR
10324 S.W. 127TH COURT
MIAMI, FL 33186

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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 reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSS, WILSON
STREET ADDRESS	18403 S.W. 88TH PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	DUNLAP, LINDA
STREET ADDRESS	11030 S.W. 125TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	JOLY, REGINE
STREET ADDRESS	17010 S.W. 93RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SALGADO, MARIA PILAR
STREET ADDRESS	10324 S.W. 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/03/04-80001-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MARIA PILAR SALGADO - TREASURER

4/30/04

Date

305-385-5425

Daytime Phone #