

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008733

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: CUDA KEYS BOOSTER CLUB, INC.

## Current Principal Place of Business:

10421 SW 136 STREET  
MIAMI, FL 33176

## New Principal Place of Business:

44 NE 16 STREET  
HOMESTEAD, FL 33030

## Current Mailing Address:

10421 SW 136 STREET  
MIAMI, FL 33176

## New Mailing Address:

44 NE 16 STREET  
HOMESTEAD, FL 33030

FEI Number: 36-4512568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, AUBREY A TREASUR  
10421 SW 136 STREET  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

MAAS, MICHELE C TREASUR  
44 NE 16 STREET  
HOMESTEAD, FL 33030 US

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: MICHELE C MAAS

04/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: ILIC, SUZANNE  
Address: 9972 SW 154 COURT  
City-St-Zip: MIAMI, FL 33196

Title: VP/D ( ) Delete  
Name: ANGULO, MARIA  
Address: 12045 SW 116 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: S/D ( ) Delete  
Name: FLINK, LIL  
Address: 16710 SW 82 COURT  
City-St-Zip: MIAMI, FL 33186

Title: T/D ( ) Delete  
Name: WILLIAMS, AUBREY  
Address: 10421 SW 136 STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: SEYMOUR, ELIZABETH  
Address: 15991 SW 252 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: VP/D (X) Change ( ) Addition  
Name: ZUBILLAGA, CINDY  
Address: 9726 SW 142 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: S/D (X) Change ( ) Addition  
Name: BOYLES, ILEANA  
Address: 15900 SW 83 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: T/D (X) Change ( ) Addition  
Name: MAAS, MICHELE C  
Address: 44 NE 16 STREET  
City-St-Zip: HOMESTEAD, FL 33030

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: MICHELE C MAAS

T/D

04/21/2009

Electronic Signature of Signing Officer or Director

Date