

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002150

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** MIAMI SPRINGS AQUATIC FOUNDATION, INC.

**Current Principal Place of Business:**

4290 S.W. 149TH PLACE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

4290 S.W. 149TH PLACE  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:** 65-1182637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGUIRRE, ALFONSO  
4290 S.W. 149TH PLACE  
MIAMI, FL 33185 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: D ( ) Delete  
Name: AGUIRRE, ALFONSO  
Address: 4290 S.W. 149TH PLACE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: AGUIRRE, MICHAEL  
Address: 4290 S.W. 149TH PLACE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: MATALANA, ALEXANDRA  
Address: 4290 S.W. 149TH PLACE  
City-St-Zip: MIAMI, FL 33185

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFONSO AGUIRRE

PRES

04/21/2004

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

\_\_\_\_\_  
Date