

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002150

FILED
Jul 14, 2009
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:

4338 HAZEL AVE #B
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

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

New Mailing Address:

4338 HAZEL AVE #B
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1182637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 4338 # B HAZEL AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: D () Delete
Name: AGUIRRE, 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 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: ALFONSO AGUIRRE

PRES

07/14/2009

Electronic Signature of Signing Officer or Director

Date