

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002151

FILED
Mar 18, 2005
Secretary of State

Entity Name: MIAMI SUN BASKETBALL, INC.

Current Principal Place of Business:

7333 MIAMI LAKES DR. PMB 576
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

7333 MIAMI LAKES DR. PMB 576
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 03-0509479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, OBEL
17710 NW 55TH CT.
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

CRUZ, OBEL
7333 MIAMI LAKES DR. PMB 576
MIAMI LAKES, FL 33014 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: OBEL CRUZ

03/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CRUZ, OBEL
Address: 7333 MIAMI LAKES DR. PMB 576
City-St-Zip: MIAMI LAKES, FL 33014

Title: VCD () Delete
Name: DIAZ, MIGUEL
Address: 7333 MIAMI LAKES DR. PMB 576
City-St-Zip: MIAMI LAKES, FL 33014

Title: VCD () Delete
Name: TORRES, PAUL
Address: 7333 MIAMI LAKES DR. PMB 576
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: TORRES, PAUL
Address: 7333 MIAMI LAKES DR. PMB 576
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change () Addition
Name: CRUZ, OBEL
Address: 7333 MIAMI LAKES DR. PMB 576
City-St-Zip: MIAMI LAKES, FL 33014

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: PAUL TORRES

CD

03/18/2005

Electronic Signature of Signing Officer or Director

Date