

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 015 ****61.25

DOCUMENT # N03000002790 1. Entity Name AVENTURA FIELD HOCKEY, INC.			
Principal Place of Business 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33179 US		Mailing Address 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33179 US	
2. Principal Place of Business - No P.O. Box # 2660 NE 189 ST. Suite, Apt. #, etc.		3. Mailing Address 2660 NE 189 ST. Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH.	
Zip 33179	Country DADE	Zip 33179	Country DADE.
4. FEI Number 20-3698809		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBERMAN, PABLO 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33137		7. Name and Address of New Registered Agent Name HERMAN ALTER. Street Address (P.O. Box Number is Not Acceptable) 2660 NE 189 ST. City NORTH MIAMI BEACH, FL Zip Code 33179.	
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 HERMAN ALTER. DATE 1-23-08. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBERMAN, PABLO <input checked="" type="checkbox"/> Delete 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHARON HUSSEIN. 2660 NE 189 ST. NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ALTER, HERMAN 21117 NE 3RD CT. MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERMAN ALTER. 2660 NE 189 ST. NORTH MIAMI BEACH, FL 33179.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: P. Alter		1-23-08 786-326-4748 <small>Date Daytime Phone #</small>	