2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003134

Name:

Address:

City-St-Zip:

CABAN, TONITA

1731 SW 82ND TERRACE

MIRAMAR, FL 33025 US

Apr 27, 2004 Secretary of State

Entity Name: SIXTH GEAR MOTORCYCLE CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 1600 NE 205TH TERRACE NORTH MIAMI, FL 33179 US **Current Mailing Address: New Mailing Address:** 1731 SW 82ND TERRACE MIRAMAR, FL 33025 FEI Number: 41-2104733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOYNER, JAQUELINE K MS 1731 SW 82ND TERRACE MIRAMAR, FL 33025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOYNER, JACQUELINE K Name: Name: Address: 1731 SW 82ND TERRACE Address: City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, LYNETTE Name: Name: Address: 1731 SW 82ND TERRACE Address: City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: Title: SEC () Delete Title: **TRES** (X) Change () Addition MCLAIN, KARIN Name: BURLEY, AUDREY Name: 1731 SW 82ND TERRACE Address: Address: 1731 SW 82ND TERRACE City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: MIRAMAR, FL 33025 US Title: **TRES** (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUELINE K JOYNER **PRES** 04/27/2004