

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90243 028 ****61.25

DOCUMENT # N03000005328 1. Entity Name RAM CHEERLEADER BOOSTERS, INC.					
Principal Place of Business 11191 SW 65 ST MIAMI, FL 33173			Mailing Address 11191 SW 65 ST MIAMI, FL 33173		
2. Principal Place of Business 8865 SW 16 Street Suite, Apt. #, etc.		3. Mailing Address 3001 SW 3 Ave. Suite, Apt. #, etc.			
City & State miami, FL		City & State miami, FL		4. FEI Number 20-0054037	
Zip 33165		Country USA		Zip 33129	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Sara Kate Mas Street Address (P.O. Box Number is Not Acceptable) 3001 SW 3 Ave City miami FL Zip Code 33129		
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 <u><i>Sara Kate Mas</i></u> 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD BALLESTER, ORQUIDEA <input checked="" type="checkbox"/> Delete 2701 SW 79TH AVE. MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VD ZAYAS-BAZAN, GYPSY <input type="checkbox"/> Delete 7910 SW 17TH TER MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gypsy Zayas-Bazan 7910 SW 17 Terr. miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAS, SARA KATE <input type="checkbox"/> Delete 9635 SW 10TH TERR MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD S LORENZO, LENIA <input type="checkbox"/> Delete 7330 NW 4TH STREET MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lenia Lorenzo 7330 NW 4 Street miami, FL 33126	
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 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 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: <u><i>Sara Kate Mas</i></u> Sara Kate Mas 4/28/04 305-285-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					