


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90002 038 ****61.25

DOCUMENT # N03000006264 1. Entity Name AOETT YOUTH BOOSTER CLUB, INC.	
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Principal Place of Business 13860 S.W. 90 AVENUE KK 102 MIAMI, FL 33176 US	Mailing Address 13860 S.W. 90 AVENUE KK 102 MIAMI, FL 33176 US
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50066363



08102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2402114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KING-FOSTER, TAMARA 13860 S.W. 90 AVENUE KK-102 MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARTINEZ, CARMEN 13860 S.W. 90 AVENUE, KK-102 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WALKINGTON, PAUL 10100 S.W. 99 AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/D WALKINGTON, TERRI 10100 S.W. 99 AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D RODRIGUEZ, SHAILIM 7291 S.W. 137 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING-FOSTER, TAMARA 13860 SW 90TH AVENUE, KK 102 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05
Date

Daytime Phone #