

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006410

FILED
May 17, 2007
Secretary of State

Entity Name: ALPHA OMEGA ELITE TRACK TEAM, "INC."

Current Principal Place of Business:

8542 SW 214TH WAY
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

8542 SW 214TH WAY
MIAMI, FL 33189 US

New Mailing Address:

FEI Number: 20-0119490 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, ARTHUR L
8542 SW 214TH WAY
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: FOSTER, ARTHUR L SR
Address: 8542 SW 214TH WAY
City-St-Zip: MIAMI, FL 33189 US

Title: VP/D () Delete
Name: KING, TARA O
Address: 8542 SW 214TH WAY
City-St-Zip: MIAMI, FL 33189 US

Title: TR/D () Delete
Name: JOHNSON, DONNA-MARIA L
Address: 7504 SW 179TH TER.
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: KING-FOSTER, TAMARA R
Address: 8542 SW 214TH WAY
City-St-Zip: MIAMI, FL 33189 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARTHUR L FOSTER, SR.

P/D

05/17/2007

Electronic Signature of Signing Officer or Director

Date