2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006410

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

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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8542 SW 214TH WAY MIAMI, FL 33189 US

Current Mailing Address: New Mailing Address:

8542 SW 214TH WAY MIAMI, FL 33189 US

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: Name and Address of New Registered Agent:

FOSTER, ARTHUR L
8542 SW 214TH WAY
MIAMI, FL 33189 US
PALMER, PAUL
12790 SOUTH DIXIE HWY
MIAMI, FL 33156 US

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: PAUL PALMER 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D () Delete
 Title:
 P/D (X) Change () Addition

 Name:
 FOSTER, ARTHUR L SR
 Name:
 KING-FOSTER, TAMARA R

 Address:
 8542 SW 214TH WAY
 Address:
 8542 SW 214TH WAY

 Address:
 8542 SW 214TH WAY
 Address:
 8542 SW 214TH WAY

 City-St-Zip:
 MIAMI, FL 33189 US
 City-St-Zip:
 MIAMI, FL 33189 US

Title: () Delete Title: (X) Change () Addition Name: KING-FOSTER, TAMARA R Name: BEDOYA, ALEJANDRO Address: 8542 SW 214TH WAY Address: 11245 SW 65 STREET City-St-Zip: MIAMI, FL 33189 US City-St-Zip: MIAMI, FL 33173 US

Title: TR/D () Delete Title: S/EA (X) Change () Addition Name: JOHNSON, DONNA-MARIA L Name: KING, TINA M

Address: 7504 SW 179TH TER. Address: 7900 SW 210 STREET APT 304

City-St-Zip: MIAMI, FL 33157 US City-St-Zip: MIAMI, FL 33189 US

 Title:
 () Delete
 Title:
 TR/D
 () Change (X) Addition

 Name:
 Name:
 JONHSON, DONNA-MARIA L

 Address:
 Address:
 7504 SW 179 TERRACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33157

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: TAMARA KING-FOSTER P/D 05/01/2009