

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006659

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: MIAMI WARRIORS WATER SPORTS, INC.

## Current Principal Place of Business:

PO BOX 520812  
MIAMI, FL 33152

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 520812  
MIAMI, FL 33152

## New Mailing Address:

FEI Number: 86-1075703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, JULIO  
8300 SW 64TH STREET  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

LOPEZ, JULIO  
P.O. BOX 520812  
MIAMI, FL 33152 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:

04/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, JULIO  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

Title: VP ( ) Delete  
Name: MIRANDA, JOSE  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

Title: VP ( ) Delete  
Name: FONSECA, OSCAR  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

Title: TREA ( ) Delete  
Name: BAKAS, ANNIE  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

Title: SECR ( ) Delete  
Name: LOPEZ, MERCEDES  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: LOPEZ, JULIO  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

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

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

Title: TREA (X) Change ( ) Addition  
Name: FONSECA, BEATRIZ  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

Title: SECR (X) Change ( ) Addition  
Name: MUJICA, MERCEDES  
Address: PO BOX 520812  
City-St-Zip: MIAMI, FL 33152

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.

SIGNATURE: JULIO LOPEZ

P/D

04/28/2005

Electronic Signature of Signing Officer or Director

Date