2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# N03000009231

Entity Name: MIAMI LACROSSE ASSOCIATION, INC.

Current Principal Place of Business:

19301 HOLIDAY RD
MIAMI, FL 33157

New Principal Place of Business:

19301 HOLIDAY RD
CUTLER BAY, FL 33157

Current Mailing Address:

19301 HOLIDAY RD
MIAMI, FL 33157

New Mailing Address:

19301 HOLIDAY RD
CUTLER BAY, FL 33157

FEI Number: 36-4542427 **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:

WALLMAN, MICHAEL
1870 SW 5 AVE
MIAMI, FL 33129 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: D ( ) Delete
Name: PARETS, MARK
Address: 19301 HOLIDAY RD
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: WALLMAN, MICHAEL
Address: 1870 SW 5 AVE
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: WILLIAMS, HADLEY
Address: 2441 TRAPP AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARETS, MARK L
Address: 19301 HOLIDAY RD
City-St-Zip: CUTLER BAY, FL 33157

Title: O (X) Change ( ) Addition
Name: WALLMAN, MICHAEL
Address: 1870 SW 5 AVE
City-St-Zip: MIAMI, FL 33129

Title: O (X) Change ( ) Addition
Name: WILLIAMS, HADLEY
Address: 2441 TRAPP AVE
City-St-Zip: MIAMI, FL 33133

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: MARK L PARETS D 08/25/2008

Electronic Signature of Signing Officer or Director — Date