

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUN 13 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 14 2005



06022005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000009346 1. Entity Name CUDAS CHEERLEADING BOOSTER CLUB, INC.			
Principal Place of Business 1401 PONCE DE LEON BLVD., #202 CORAL GABLES, FL 33134		Mailing Address 1401 PONCE DE LEON BLVD., #202 CORAL GABLES, FL 33134	
2. Principal Place of Business 8462 SW 133 Place Suite, Apt. #, etc.		3. Mailing Address 8462 SW 133 Place Suite, Apt. #, etc.	
City & State MIAMI, FLA		City & State MIAMI, FLA	
Zip 33183		Zip 33183	
Country MIAMI-Dade		Country MIAMI-Dade	
4. FEI Number 75-3168264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, ALEIDA C 1401 PONCE DE LEON BLVD., #202 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Gina Slack Street Address (P.O. Box Number is Not Acceptable) 8462 SW 133 Place City MIAMI FL 33183	
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 <u><i>X Gina Slack</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JONES, MYOUSHI 15820 SW 98 COURT MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gina Slack 8462 SW 133 Place MIAMI, FLA 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, ALEIDA C 1401 PONCE DE LEON BLVD., #202 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>X Gina Slack</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/6/05</u> Daytime Phone # _____	