


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 036 ****61.25

| | | | | | |
|---|---------------------------------|---|---|--|--|
| DOCUMENT # N04000001939 1. Entity Name MIAMI PARROT HEAD CLUB INC. | | | |  | |
| Principal Place of Business PO BOX 227157 MIAMI, FL 33122 | | | Mailing Address PO BOX 227157 MIAMI, FL 33122 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BRALEY, JOHN L 9803 NW 43RD TERR MIAMI, FL 33178 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOWRER, LINDA | | NAME | BRALEY, BRENDA | |
| STREET ADDRESS | 6609 SW 116 PL #114 | | STREET ADDRESS | PO BOX 227157 | |
| CITY-ST-ZIP | MIAMI, FL 33173 | | CITY-ST-ZIP | MIAMI F 33122 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRALEY, BRENDA | | NAME | MARTINI, RUTH | |
| STREET ADDRESS | PO BOX 227157 | | STREET ADDRESS | 21301 SW 244 ST | |
| CITY-ST-ZIP | MIAMI, FL 33122 | | CITY-ST-ZIP | HOMESTEAD FL 33031 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FISHER, PENELOPE | | NAME | | |
| STREET ADDRESS | 980 NW NORTH RIVER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33136 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRALEY, JOHN | | NAME | | |
| STREET ADDRESS | PO BOX 227157 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33122 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: JOHN L BRALEY <i>John L Braley</i> 4/7/05 305-500-9897 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number **33-1052881** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required