

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001939

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MIAMI PARROT HEAD CLUB INC.

**Current Principal Place of Business:**

9803 NW 43 TERR  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 227157  
DORAL, FL 33222

**New Mailing Address:**

PO BOX 228121  
DORAL, FL 33222

**FEI Number:** 33-1052881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRALEY, JOHN L  
9803 NW 43RD TERR  
MIAMI, FL 33178 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: PRES  
Name: BROWN, DALLAS  
Address: 16241 SW 288 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: FOUN  
Name: BRALEY, BRENDA  
Address: PO BOX 227157  
City-St-Zip: DORAL, FL 33222

Title: SOCL  
Name: LUBAN, BARBARA  
Address: 10923 SW 134 COURT  
City-St-Zip: MIAMI, FL 33186

Title: TRES  
Name: RAUDES, JOSE  
Address: 7640 SW 164 PLACE  
City-St-Zip: MIAMI, FL 33193

Title: SEC  
Name: SCHWARZ, LAURIE  
Address: 10790 N KENDALL DR C6  
City-St-Zip: MIAMI, FL 33176

Title: VPRE  
Name: JONES, ALAN  
Address: 6468 MANOR LANE  
City-St-Zip: S. MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: JOHN L BRALEY

AGEN

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date