

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004753

FILED
May 21, 2006
Secretary of State

Entity Name: BIG BIKE RIDERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 9663
CORAL SPRINGS, FL 330759663

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9663
CORAL SPRINGS, FL 330759663

New Mailing Address:

FEI Number: 20-0796557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

CATRONIO, RON
P.O. BOX 9663
CORAL SPRINGS, FL 330759663 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATRONIO, RON
Address: P.O. BOX 9663
City-St-Zip: CORAL SPRINGS, FL 330759663

Title: VT () Delete
Name: HYDEN, STUART
Address: P.O. BOX 9663
City-St-Zip: CORAL SPRINGS, FL 330759663

Title: VS () Delete
Name: MATTI, CHRISTOPH
Address: P.O. BOX 9663
City-St-Zip: CORAL SPRINGS, FL 330759663

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CATRONIO, RON
Address: P.O. BOX 9663
City-St-Zip: CORAL SPRINGS, FL 330759663

Title: PT (X) Change () Addition
Name: HYDEN, STUART
Address: P.O. BOX 9663
City-St-Zip: CORAL SPRINGS, FL 330759663

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART HYDEN

PT

05/21/2006

Electronic Signature of Signing Officer or Director

Date