

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005189

FILED  
May 10, 2005  
Secretary of State

Entity Name: MIAMI FIGURE SKATING CLUB, INC.

**Current Principal Place of Business:**

10355 HAMMOCKS BLVD.  
KENDALL ICE ARENA  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

10355 HAMMOCKS BLVD.  
KENDALL ICE ARENA  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 20-1504011      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:**

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE  
28TH FLOOR  
MIAMI, FL 33131 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition  
Name: KEARNS, DONALD  
Address: 10355 HAMMOCKS BLVD.  
City-St-Zip: MIAMI, FL 33196

Title: VPD ( ) Change (X) Addition  
Name: MACHADO, WAGNER  
Address: 10355 HAMMOCKS BLVD.  
City-St-Zip: MIAMI, FL 33196

Title: STD ( ) Change (X) Addition  
Name: ROGGE, JULIE  
Address: 10355 HAMMOCKS BLVD.  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD KEARNS

PD

05/10/2005

Electronic Signature of Signing Officer or Director

Date