

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N04000005189

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 ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: PD      ( ) Delete  
Name: KAMMER, KAREN  
Address: 10355 HAMMOCKS BLVD.  
City-St-Zip: MIAMI, FL 33196

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

Title: SD      (X) Delete  
Name: SIDLOSCA, MARIA  
Address: 10355 HAMMOCKS BLVD.  
City-St-Zip: MIAMI, FL 33196

Title: TD      (X) Delete  
Name: FINOCCHIARO, ARIN  
Address: 10355 HAMMOCKS BLVD  
City-St-Zip: MIAMI, FL 33196

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN KAMMER

PD

04/29/2009

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

\_\_\_\_\_  
Date