

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000005669

Entity Name: FLYING FISH BOOSTER CLUB, INC.

Current Principal Place of Business:

10250 SW 64TH STREET
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10250 SW 64TH STREET
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 20-1292393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN-THOMPSON, ANGELLA
10250 SW 64TH STREET
MIAMI, FL 33173 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: P, D () Delete
Name: CHIN-THOMPSON, ANGELLA
Address: 10250 SW 64TH STREET
City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete
Name: THOMPSON, CURZON W.F.
Address: 10250 SW 64TH STREET
City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete
Name: JENKINS, EARLE
Address: 14473 SW 174TH STREET
City-St-Zip: MIAMI, FL 33177 US

Title: D () Delete
Name: CHIN, HILARY
Address: 18210 SW 143RD COURT
City-St-Zip: MIAMI, FL 33177 US

Title: D () Delete
Name: LAIDLEY, GENEVIEVE
Address: 10637 HAMMOCKS BLVD. #915
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ANGELLA CHIN-THOMPSON

P,D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date