

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006640

FILED  
Feb 18, 2008  
Secretary of State

**Entity Name:** METRO-RED LAW ENFORCEMENT ATHLETIC CLUB, INC.

**Current Principal Place of Business:**

1063 NW 100 AVENUE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

16447 ERIE PLACE  
DAVIE, FL 33331

**Current Mailing Address:**

1063 NW 100 AVENUE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

16447 ERIE PLACE  
DAVIE, FL 33331

**FEI Number:** 06-1729257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, JACK  
1063 NW 100 AVENUE  
PEMBROKE PINES, FL 33024 US

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

BRACCI, MIKE  
16447 ERIE PLACE  
DAVIE, FL 33331 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: MIKE BRACCI

02/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOLOMON, JACK  
Address: 1063 NW 100 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD ( ) Delete  
Name: RASMUSSEN, DARRELL  
Address: 10705 SW 110 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: SHIMMINGER, GARY  
Address: 10325 NATALIES COVE ROAD  
City-St-Zip: COOPER CITY, FL 33330

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

Title: PD (X) Change ( ) Addition  
Name: BRACCI, MIKE  
Address: 16447 ERIE PLACE  
City-St-Zip: DAVIE, FL 33331

Title: VD (X) Change ( ) Addition  
Name: REKER, TIM  
Address: 9105 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: VD (X) Change ( ) Addition  
Name: MORALES, LISA  
Address: 16447 ERIE PLACE  
City-St-Zip: DAVIE, FL 33331

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: MIKE BRACCI

PD

02/18/2008

Electronic Signature of Signing Officer or Director

Date