2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000007819

TI FILED
Nov 03, 2005
Secretary of State

Entity Name: SOUTH FLORIDA COLLEGE UMPIRES, INC.

Current Principal Place of Business: New Principal Place of Business:

 17630 NW 86 AVE.
 11815 SW 102 CT

 MIAMI, FL 33015
 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

17630 NW 86 AVE. 11815 SW 102 CT. MIAMI, FL 33015 MIAMI, FL 33176

FEI Number: 20-1510067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ELIZALDE, ANGEL DUNBAR, MATTHEW H
17630 NW 86 AVE. 11815 SW 102 CT
MIAMI, FL 33015 US MIAMI, FL 33176 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: MATTHEW H. DUNBAR 11/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ELIZALDE, ANGEL
 Name:
 DUNBAR, MATTHEW H

 Address:
 17630 NW 86 AVE.
 Address:
 11815 SW 102 CT

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33176

Title: D () Delete Title: D (X) Change () Addition Name: DUNBAR, MATT Name: RIGGAN, EDWIN R

Address: 11815 SW 102 CT. Address: 10991 SW 64 ST City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33173

Title: D () Delete Title: () Change () Addition

 Name:
 DUNBAR, IRIS
 Name:

 Address:
 11815 SW 102 CT.
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 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: MATTHEW H. DUNBAR D 11/03/2005