

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000009112 1. Entity Name MIRAMAR HIGH SCHOOL BAND BOOSTERS, INC.					
Principal Place of Business 13117 SW 49TH COURT MIRAMAR, FL 33027-5539			Mailing Address 13117 SW 49TH COURT MIRAMAR, FL 33027-5539		
2. Principal Place of Business 13117 S.W. 49th Ct Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miramar, FL		City & State 		4. FEI Number 86-1116298	
Zip 33027-5539		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, CARMEN 13117 SW 49TH COURT MIRAMAR, FL 33027-5539				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carmen Williams</i></u> DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CARMEN 13117 SW 49TH COURT MIRAMAR, FL 330275539	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, GRACE 3160 THAMES WAY MIRAMAR, FL 33025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COMFORT, LEANNA 2910 BUTTONWOOD AVE. MIRAMAR, FL 33025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUM, DEBBIE 11910 NW 22ND STREET PEMBROKE PINES, FL 33026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETHEL, FRED 2919 SW 67TH TERRACE MIRAMAR, FL 33023	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESSIEUX, LUC PARLIAM 712 SW 6TH AVENUE HALLANDALE, FL 33009	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carmen Williams</i></u> 1/13/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					