

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 JUN 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011246	
1. Entity Name CUDAS CHEER COMPETITION SQUAD, CORP.	



Principal Place of Business 1401 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134	Mailing Address 1401 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134
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2. Principal Place of Business 8462 SW 133 Place Suite, Apt. #, etc.	3. Mailing Address 8462 SW 133 Place Suite, Apt. #, etc.
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City & State Miami, Fla	City & State Miami, Fla
Zip 33183	Country MIAMI-Dade



06022005 Chg-NP CR2E037 (10/03)

4. FEI Number 54-2163254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANCO, ALEIDA C 1401 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Gina Slack Street Address (P.O. Box Number is Not Acceptable) 8462 SW 133 Place City Miami FL Zip Code 33183
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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 X Gina Slack	(NOTE: Registered Agent signature required when reinstating)	DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLANCO, ALEIDA C 1401 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gina Slack - President 8462 SW 133 Place Miami, Fla 33183 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056411372 06/22/05--01004--011 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Gina Slack	DATE	Daytime Phone #
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