

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011736

FILED
Apr 10, 2009
Secretary of State

Entity Name: TENNIS FOR COLOMBIA INC.

Current Principal Place of Business:

19390 COLLINS AVE
304A
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19390 COLLINS AVE
SUITE # 304A
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

19390 COLLINS AVE
304A
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-2144270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ANDRES
19390 COLLINS AVE.
SUITE # 304A
SUNNY ISLES BEACH, FL 33160 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: DF () Delete
Name: MAYORGA, BIBIANA
Address: 31 SE 5ST APT 2710
City-St-Zip: MIAMI, FL 33131

Title: DM () Delete
Name: ALVAREZ, ANDRES
Address: 19390 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DPR () Delete
Name: VARELA, RODOLFO
Address: 1155 BRICKELL BAY DRIVE APT 1502
City-St-Zip: MIAMI, FL 33131

Title: DFR () Delete
Name: TORRES, RUBEN
Address: 6400 DEACON CIRCLE
City-St-Zip: WINDEMERE, FL 34786

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:

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: ANDRES ALVAREZ

DM

04/10/2009

Electronic Signature of Signing Officer or Director

Date