

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04647

FILED
Aug 08, 2007
Secretary of State

Entity Name: SOUTH DADE QUARTERBACK CLUB, INC.

Current Principal Place of Business:

P.O. BOX 901058
HOMESTEAD, FL 33090 US

New Principal Place of Business:

16740 SW 288 ST
HOMESTEAD, FL 33030 US

Current Mailing Address:

P.O. BOX 901058
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 23-0025281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARRADO, JOANNA
27640 SW 164 CT
HOMESTEAD, FL 33031 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: P () Delete
Name: PARRADO, JOANNA
Address: 27640 SW 164 CT
City-St-Zip: HOMESTEAD, FL 33031

Title: V () Delete
Name: KHAWLY, RON
Address: 16521 SW 277 CT
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: PARRADO, GOERGE
Address: 27640 SW 164 CT
City-St-Zip: HOMESTEAD, FL 33031

Title: S () Delete
Name: VEGA, SUSIE
Address: 29510 SW 194 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VEGA, SUSAN
Address: 29510 SW 194 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ESCOBAR, BARBARA
Address: 29942 SW 166 CT
City-St-Zip: HOMESTEAD, FL 33033

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: SUSAN VEGA

P

08/08/2007

Electronic Signature of Signing Officer or Director

_____ Date