

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 08, 2007  
Secretary of State**

DOCUMENT# N04647

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