

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/6

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90015 034 \*\*\*\*61.25

<b>DOCUMENT # N05000001916</b> 1. Entity Name <b>JAMAICA FLORIDA DART ASSOCIATION, INC.</b>					
Principal Place of Business <b>11080 N.W. 38TH. STREET CORAL SPRINGS, FL 33065</b>			Mailing Address <b>11080 N.W. 38TH. STREET CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2497292</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOO-YOUNG, MARLON N 1832 N.W. 111 AVE. PLANTATION, FL 33322</b>			Name <b>RACHAEL BENJAMIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9833 NW 56 PLACE</b> <b>CORAL SPRINGS</b> City <b>FL</b> Zip Code <b>33076</b>		
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, the registered agent.					
SIGNATURE <b>RACHAEL BENJAMIN</b> <span style="float: right;">3/1/06</span> <small>Signature, typed name of current registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROWN, HUBERT 11080 N.W. 38TH. STREET CORAL SPRINGS, FL 333065</b> <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	<b>VP MOO-YOUNG, MARLON N 1832 N.W. 111 AVE PLANTATION, FL 33322</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N1901 Jeany 1260 Hampton Blvd Apt 6 North Lauderdale FL 33068</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. STERN, FEDERICA 11080 N.W. 38TH. STREET CORAL SPRINGS, FL 333065</b> <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	<b>TREA BENJAMIN, RACHAEL 11080 N.W. 38TH. STREET CORAL SPRINGS, FL 333065</b> <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	<b>SEC ALEXANDER, PRISCILLA 11080 N.W. 38TH. STREET CORAL SPRINGS, FL 333065</b> <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 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 incorporator 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: <b>RACHAEL BENJAMIN</b> <span style="float: right;">3/1/06 9542407796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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