2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004691

FILED Jaņ 3<u>0, 2</u>008 Secretary of State

Entity Name: PIRATE BAND PATRONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ROBERT MORGAN EDUCATIONAL CENTER C/O BAND ROOM - 18180 SW 122 AVENUE

MIAMI, FL 33177

Current Mailing Address:

New Mailing Address:

ROBERT MORGAN EDUCATIONAL CENTER C/O BAND ROOM - 18180 SW 122 AVENUE MIAMI, FL 33177

FEI Number: 56-2439986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VASALLO, PILAR HURTADO, LISA 4112 SW 98 AVENUE 15241 SW 153 ST. US MIAMI, FL 33165 MIAMI, FL 33187

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: LISA HURTADO 01/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition VASALLO, PILAR HURTADO, LISA Name: Name:

4112 SW 98 AVENUE Address: 15241 SW 158 ST Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33187

Title: Title: SD (X) Change () Addition () Delete HURTADO, LISA Name: BEDSWORTH, CAROL Name:

Address: 15241 SW 158 ST Address: 8255 SW 94 ST. City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33156

Title: () Delete Title: (X) Change () Addition

JONES, ALICIA JONES, ALICIA Name: Name: 15480 SW 153 COURT 15480 SW 153 COURT Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33187

Title: TD () Delete Title: TD (X) Change () Addition

Name: MENDEZ, ELIA M Name: CARNERO, ANNIE 15440 SW 158 ST. Address: 15802 SW 85 ST Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33187

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: ALICIA JONES VP 01/30/2008