

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 013 \*\*\*\*61.25

<b>DOCUMENT # N05000008616</b> 1. Entity Name <b>AMS CHEERLEADER BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>8962 SW 113 AVE. MIAMI, FL 33176</b>			Mailing Address <b>8962 SW 113 AVE. MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06042008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>20-3380442</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VESSELS, LISA B 11710 S.W. 119 PLACE-ROAD MIAMI, FL 33186</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIEGO, STEVE</b>		NAME		
STREET ADDRESS	<b>8962 SW 113 AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCLAUGHLIN, JANET</b>		NAME	<b>TD Delia L. Wuttke</b>	
STREET ADDRESS	<b>12785 SW 132 TER</b>		STREET ADDRESS	<b>12520 SW 109 TER</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>		CITY-ST-ZIP	<b>Miami FL 33184</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FINS, NERY</b>		NAME	<b>SD Melanie Morales (SO)</b>	
STREET ADDRESS	<b>12797 SW 108 ST</b>		STREET ADDRESS	<b>9045 SW 96 Avenue</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>		CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PEROZO, CINDY</b>		NAME	<b>D Viviana Galvis (D)</b>	
STREET ADDRESS	<b>10420 SW 132 AVE.</b>		STREET ADDRESS	<b>14248 SW 117 Terrace</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>		CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANNAH, MADELYN</b>		NAME		
STREET ADDRESS	<b>12331 SW 109 TERR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 receiver 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.					
<b>SIGNATURE:</b> <u><i>Delia L. Wuttke</i></u> - <b>Delia L. Wuttke</b> 6/16/08    (305) 412-9321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					