

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010707

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CUDA MEDICAL BOOSTER CLUB, INC.

## Current Principal Place of Business:

5933 SW 147 PLACE  
MIAMI, FL 33193

## New Principal Place of Business:

## Current Mailing Address:

5933 SW 147 PLACE  
MIAMI, FL 33193

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDE, DULCE  
5933 SW 147 PLACE  
MIAMI, FL 33193 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: RIVERA, KIM  
Address: 5933 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete  
Name: MOODLEY, MINTHRA  
Address: 5933 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete  
Name: PINO, PEGGY  
Address: 5933 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33193

Title: T ( ) Delete  
Name: CONDE, DULCE  
Address: 5933 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33193

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BROWN, CLAUDETTE M  
Address: 12295 SW 133 CT  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition  
Name: TANO, MARIA  
Address: 5933 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33193

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

Title: T (X) Change ( ) Addition  
Name: LAING, ANGELA  
Address: 8510 SW SW 102 AVENUE  
City-St-Zip: MIAMI, FL 33173

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: CLAUDETTE BROWN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date