

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 01, 2011
Secretary of State

DOCUMENT# N05000010707

Entity Name: CUDA MEDICAL BOOSTER CLUB, INC.**Current Principal Place of Business:**8510 SW 102ND AVENUE
MIAMI, FL 33173**New Principal Place of Business:**12140 SW 113 AVE
MIAMI, FL 33176**Current Mailing Address:**8510 SW 102ND AVENUE
MIAMI, FL 33173**New Mailing Address:**12140 SW 113 AVE
MIAMI, FL 33176**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAING, ANGELLA
8510 SW 102 AVENUE
MIAMI, FL 33173 US**Name and Address of New Registered Agent:**PEREZ, MIRTHA
12140 SW 113 AVE
MIAMI, FL 33176 US

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: MIRTHA PEREZ

11/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GUTIERREZ, TELIO M
Address: 13141 SW 26 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VP
Name: GONZALEZ, MARIA
Address: 17520 SW 140 COURT
City-St-Zip: MIAMI, FL 33177

Title: VP
Name: GARCIA, RAUL
Address: 15451 SW 112TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: T
Name: PEREZ, MIRTHA
Address: 12140 SW 113 AVE
City-St-Zip: MIAMI, FL 33176

Title: S
Name: CROWE, CARRIE L
Address: 19825 SW 134 COURT
City-St-Zip: MIAMI, FL 33177

I hereby 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 all other like empowered.

SIGNATURE: MIRTHA PEREZ

T

11/01/2011

Electronic Signature of Signing Officer or Director

Date