

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 28, 2006  
Secretary of State**

DOCUMENT# N05000012257

Entity Name: SOUTH DADE VOLLEYBALL CLUB, INC.

**Current Principal Place of Business:**

11742 SW 176 TR  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

11742 SW 176 TR  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 20-4070263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GONZALEZ, RAUL  
20780 SW 129 PL  
MIAMI, FL 33177      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: GONZALEZ, WILLIAM  
Address: 11742 SW 176 TR  
City-St-Zip: MIAMI, FL 33177

Title: VP      ( ) Delete  
Name: GONZALEZ, RAUL  
Address: 20780 SW 129 PL  
City-St-Zip: MIAMI, FL 33177

Title: T      ( ) Delete  
Name: ESCOBAR, TANIA  
Address: 11742 SW 176 TR  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM GONZALEZ

P

08/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date