2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006853

1. Entity Name



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90390 030 ****61.25

LAUDERI	HILL ANGELS NETBALL T	EAIVI INC	a de la companya de l						
Principal Place of Business 3730 NW 73RD AVE LAUDERHILL, FL 33319		Mailing Address 3730 NW 73RD AVE LAUDERHILL, FL 33319							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							()
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008 CI	ng-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 06-178310	9	_	- 	oplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	Registered A		 -
COMRIE, HENRIETTA E			Name						
3730 NW 7		Street Add		et Address (P.O. Box Number is f	Not Acceptable	e)		
DAODEINI	nee, i'e 00010								
			City				FL	Zip Cod	e
	named entity submits this statement for	or the purpose of changing its	registered offic	e or register	red agent, or both, in	the State of Fl	orida. I am	familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .		t and title if applicable. (NOTE	Registered Agent si	ignature required	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered egen	-	Registered Agent si	<u> </u>					
SIGNATURE		9. Election Cam Trust Fund C	npaign Financin	<u> </u>	\$5.00 May Be Added to Fees		Make chec	k payable t	
10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financin Contribution.	ng 🔲	\$5.00 May Be	Flo	lake chec rida Depai	rtment of S	tate
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptxone #