

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007962

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: RAMS QUARTERBACK CLUB, INC.

**Current Principal Place of Business:**

521 NW 12 AVE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

521 NW 12 AVE  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 20-5281220      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:**

MARTINEZ, DANIEL  
521 NW 12 AVE  
MIAMI, FL 33136      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: PRES ( ) Delete  
Name: TOCA, JOSE ANTONIO  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

Title: VP ( ) Delete  
Name: LOPEZ, JORGE  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

Title: TRES ( ) Delete  
Name: MARTINEZ, DANIEL  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

Title: S ( ) Delete  
Name: AGUILERA, MIGUEL  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

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

Title: PRES (X) Change ( ) Addition  
Name: MARTINEZ, DANIEL  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

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

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

Title: S (X) Change ( ) Addition  
Name: TOCA, JOSE  
Address: 521 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

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: DANIEL MRTINEZ

PRES

08/31/2009

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

\_\_\_\_\_  
Date