

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012059

FILED  
May 01, 2009  
Secretary of State

Entity Name: FIU ATHLETICS FINANCE CORPORATION

**Current Principal Place of Business:**

11200 SW 8TH STREET PC 511  
MIAMI, FL 33199

**New Principal Place of Business:**

**Current Mailing Address:**

11200 SW 8TH STREET PC 511  
MIAMI, FL 33199

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MENDOZA, CRISTINA L ESQ  
11200 SW 8TH STREET PC 511  
MIAMI, FL 33199 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: C ( ) Delete  
Name: DE CESPEDES, JORGE  
Address: 3075 NW 107 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: VC ( ) Delete  
Name: POZO, JUSTO  
Address: 9100 S. DADELAND BLVD., STE 1250  
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete  
Name: MILLER, JOHN  
Address: 11200 SW 8 STREET, PC 523  
City-St-Zip: MIAMI, FL 33199

Title: S ( ) Delete  
Name: VELASCO, JOE  
Address: 11200 SW 8 STREET, MARC 560  
City-St-Zip: MIAMI, FL 33199

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

Title: C (X) Change ( ) Addition  
Name: BRODIE, DAVID  
Address: 11700 NW 102 ROAD  
City-St-Zip: MIAMI, FL 33178

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

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

Title: S (X) Change ( ) Addition  
Name: THORIMBERT, SHAWN  
Address: 11200 SW 8 STREET, GPA 260B  
City-St-Zip: MIAMI, FL 33199

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: CRISTINA L. MENDOZA

RA

05/01/2009

Electronic Signature of Signing Officer or Director

Date