2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006360

FILED Apr 30, 2009 Secretary of State

Entity Name: MIAMI INTERNATIONAL GYMNASTICS, INC.

Entity Nar	ne: MIAMITINTE	RNATIONAL GYMNASTICS	o, INC.		
Current P	rincipal Place of	Business:	New Principal Plac	New Principal Place of Business:	
15160 S.W MIAMI, FL	7. 136 STREET 33196				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	DOVA STREET ABLES, FL 3313	4			
FEI Number:	26-0555492	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:	
CORAL GA	DOVA STREET ABLES, FL 33134		surpass of changing its register	rad affice as registered agent as both	
	named entity sur of Florida.	omits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De WILLIFORD, ELEN 1226 CORDOVA S CORAL GABLES,	NA TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De WILLIFORD, ROB 1226 CORDOVA S CORAL GABLES,	ERT R TEET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () De LEVY, TERESA 8780 S.W. 85 STR MIAMI, FL 33173		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () De LEVY, CHARLES M 8780 S.W. 85 STR MIAMI, FL 33173	A III	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ELENA WILLIFORD PRES 04/30/2009