

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000437

FILED
Jan 05, 2009
Secretary of State

Entity Name: FLORIDA GOLD COAST ASSOCIATION OF U.S.A. BOXING INC.

Current Principal Place of Business:

2551 SOUTHWEST 10TH STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2551 SOUTHWEST 10TH STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-2674409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ARMANDO FIALLO
2551 SW 10TH ST
MIAMI, FL 33135 US

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: ARMANDO FIALLO

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIALLO, ARMANDO
Address: 2551 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33135

Title: VPD () Delete
Name: RIVAS, CHICO
Address: 2551 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33135

Title: SD () Delete
Name: BALCUNAS, DIGNA
Address: 2551 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: DAVIS, MIKE
Address: 2551 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33135

Title: TREA (X) Change () Addition
Name: CANINO, BONNIE
Address: 2551 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33135

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: ARMANDO FAILLO

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date