2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003842

FILED Jun 09, 2009 Secretary of State

Entity Name: MYSTIC FORCE FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** 3300 NE 171ST STREET NORTH MIAMI BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 3300 NE 171ST STREET NORTH MIAMI BEACH, FL 33160 FEI Number: 26-2454734 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: Name and Address of New Registered Agent: SAMUELS, HARRY M SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307 2901 STIRLING ROAD FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 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: HARRY M SAMUELS 06/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VANNI, STEVEN Name: Name: Address: 3300 NE 171ST STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: Title: (X) Change () Addition () Delete DOMINGUTEZ-VANNI, SILVIA Name: Name: DOMINGUEZ-VANNI, SILVIA Address: 3300 NE 171ST STREET Address: 3300 NE 171ST STREET City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: NORTH MIAMI BEACH, FL 33160 Title: () Delete Title: () Change () Addition SAMUELS, HARRY M Name: Name: 2901 STIRLING ROAD SUITE 307 Address: Address: City-St-Zip: ST. LAUDERDALE, FL 33312 City-St-Zip:

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: HARRY M SAMUELS RA 06/09/2009