2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2009
Secretary of State

DOCUMENT# N08000005523

Entity Name: SOUTH FLORIDA BRONCOS, INC.

Current Principal Place of Business:

824 NW 204TH STREET
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

824 NW 204TH STREET
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 30-0488667 **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:

BELL, WILLIAM
824 NW 204TH STREET
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

BELL, WILLIAM D
824 NW 204TH STREET
MIAMI GARDENS, FL 33169 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: WILLIAM D. BELL 07/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BELL, WILLIAM
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D ( ) Delete
Name: DENSON, FRED
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TD (X) Delete
Name: JITTA-BELL, KAREN
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SD (X) Delete
Name: DENSON, SHAUNA
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BELL, WILLIAM D D
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D (X) Change ( ) Addition
Name: JITTA- BELL, KAREN K D
Address: 824 NW 204TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: WILLIAM D. BELL D 07/21/2009
Electronic Signature of Signing Officer or Director Date