2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000005882

Entity Name: FALCONS BASEBALL BOOSTERS, INC.

Current Principal Place of Business:

15900 SW 56 STREET
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

15900 SW 56 STREET
MIAMI, FL 33185 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVAS, JOSE J
6470 SW 157 PL
MIAMI, FL 33193 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: D ( ) Delete
Name: NOVAS, JOSE J
Address: 6470 SW 157 PL
City-St-Zip: MIAMI, FL 33193 US

Title: D,P ( ) Delete
Name: BARROS, FELIX J SR
Address: 12650 SW 20 ST
City-St-Zip: MIAMI, FL 33175 US

Title: D,VP ( ) Delete
Name: ARCHE, JONATHAN
Address: 14801 SW 42 TER
City-St-Zip: MIAMI, FL 33185 US

Title: D,T ( ) Delete
Name: MANZANO, ULISES
Address: 7770 SW 134 AVE
City-St-Zip: MIAMI, FL 33183 US

Title: D,S ( ) Delete
Name: SILVA, ANA
Address: 14860 SW 82 ST
City-St-Zip: MIAMI, FL 33193 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D,P (X) Change ( ) Addition
Name: DIAZ, SINDO MR.
Address: 4301 SW 159 PATH
City-St-Zip: MIAMI, FL 33185 US

Title: D,VP (X) Change ( ) Addition
Name: HERNANDEZ, JOSE MR.
Address: 14711 SW 44 LANE
City-St-Zip: MIAMI, FL 33185 US

Title: D,T (X) Change ( ) Addition
Name: LOSADA, MANUELITA MRS.
Address: 5052 SW 154 PLACE
City-St-Zip: MIAMI, FL 33185 US

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: JOSE NOVAS D 04/21/2009

Electronic Signature of Signing Officer or Director — Date