

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007450

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** HURRICANE MUTINY, INC.

**Current Principal Place of Business:**

4900 SW 51ST STREET  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292457  
DAVIE, FL 33329

**New Mailing Address:**

**FEI Number:** 27-0851299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVIN, MICHAEL D  
4900 SW 51ST STREET  
DAVIE, FL 33314 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:** P,D  
**Name:** FEITO, NICK  
**Address:** 45 N. SAVANNA DR.  
**City-St-Zip:** POTTSTOWN, PA 19465 US

**Title:** VP,D  
**Name:** MUJICA, CHRISTIAN  
**Address:** 4018 YEATS STREET  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** S,D  
**Name:** LEVIN, MICHAEL  
**Address:** 4900 SW 51ST STREET  
**City-St-Zip:** DAVIE, FL 33314 US

**Title:** T,D  
**Name:** DEMOOR, KENNETH J  
**Address:** PO BOX 95-4114  
**City-St-Zip:** LAKE MARY, FL 32795 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL LEVIN

D

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date