

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001886

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** ALPHA OMEGA ELITE TRACK TEAM & FITNESS INC

**Current Principal Place of Business:**

8542 SW 214TH WAY  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

8542 SW 214TH WAY  
MIAMI, FL 33189

**New Mailing Address:**

**FEI Number:** 20-0119490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING-FOSTER, TAMARA  
8542 SW 214TH WAY  
MIAMI, FL 33189 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: PD  
Name: KING-FOSTER, TAMARA R  
Address: 8542 SW 214TH WAY  
City-St-Zip: MIAMI, FL 33189 US

Title: VPD  
Name: ROBINSON, WAYNE F  
Address: 13561 SW 110TH AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: SD  
Name: KING, TINA M  
Address: 8542 SW 214TH WAY  
City-St-Zip: MIAMI, FL 33189 US

Title: DT  
Name: ROBINSON, VICTO-RENE M  
Address: 13561 SW 110TH AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: D  
Name: FRYE, CURTIS  
Address: 8542 SW 214TH WAY  
City-St-Zip: MIAMI, FL 33189

Title: D  
Name: PALMER, PAUL  
Address: 8542 SW 214TH WAY  
City-St-Zip: MIAMI, FL 33189 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: TAMARA KING-FOSTER

PD

05/01/2011

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

\_\_\_\_\_  
Date