2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90397 035 ****61.25

DOCUMENT # N40390

1. Entity Name

METRO ACQUATIC SWIMMING FOUNDATION, INC.

Principal Place of Business	Mailing Address
970 NW 123 CT. MIAMI FL 33182	970 NW 123 CT. MIAMI FL 33182

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0229648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMIDDY, WILLIAM E
971 71 W. 123 CT
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARAQUE, YANETH 970 NW 123 CT.X MIAMI FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYES, ODALYS 18505 S.W. 197 AVENUE MIAMI FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARLAN, CHERYL 11522-Y SW 109 RD. MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LACAYO, MARIA 933 NW 123 CT. MIAMI FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATL LOPEZ-CANTERA, MARTALIGIA 7155 EAST LAGO DR. CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATL LAVERNIA, HOMERO 3430 13 AVE. HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yaneth Araque Yaneth Araque 4-27-04 (305) 229 6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

44041366
#N40390

Change of Address or Business Name

Complete this form, sign it, and mail it with your tax return if:

- the address below is not correct
- the business location changes
- the business name changes

If you have a change of legal entity, you must register online or complete and mail a new *Application to Collect and/or Report Tax in Florida* (Form DR-1). To register, see Resources in the instructions, contact your local Department of Revenue Service Center, or call Taxpayer Services. You must submit a change of address form for each location. **If you are closing or selling your business or have a change in legal entity, you need to contact the Department.**

CERTIFICATE NO. 23-8012227536-9
METRO ACQUATIC SWIMMING FOUNDATION INC
14875 SW 212TH ST
MIAMI FL 33187-4613

☐ FEIN of Entity Or ☐ SSN Owner ☐☐☐☐☐☐☐☐☐

New Location
Business Location ____
City ____ State ____ Zip ____
Business Telephone (____) ____ County ____
In Care Of ____

New Address
Mailing Address 970 NW 123 CT
City Miami State FL Zip 33182
Owner Telephone (305) 2296071 County Miami Dade

Mailing address change is for: ☐ Sales tax only or ☒ All Taxes

New Business Name ____

Signature of Taxpayer **(Required)** ____ Date ____

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