2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N40390

FILED Oct 11, 2007 Secretary of State

Entity Name: METRO ACQUATIC SWIMMING FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

970 NW 123 CT 407 LINCOLN RD 6K

MIAMI, FL 33182

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

407 LINCOLN RD 970 NW 123 CT

MIAMI, FL 33182

MIAMI BEACH, FL 33139

FEI Number: 65-0229648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ARAQUE, YANETH VALDES, TERI 970 NW 123 CT 10455 SW 42 TERR MIAMI, FL 33182 US MIAMI, FL 33165

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: TERI VALDES 10/11/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ARAQUE, YANETH VALDES, TERI Name: Name: 970 NW 123 CT Address: 10455 SW 42 TERR Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete Title: () Change () Addition

REYNO, CLAUDIA Name: Name: Address: 1045 NW 129 PL Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip:

Title: () Delete Title: () Change () Addition

HERNANDEZ, FLOR A Name: Name: Address: 1165 W 41 PL Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip:

Title: ATL () Delete Title: () Change () Addition

Name: PEREZ-BARONA, LEONOR Name: 14455 SW 98 CT Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip:

Title: () Delete Title: () Change () Addition

RODRIGUEZ, JULIETA Name: Name: 13378 SW 144 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

ARAQUE, YANETH Name: Name: Address: Address: 901 NW 123 CT MIAMI, FL 33182 City-St-Zip: 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: TERI VALDES PD 10/11/2007