2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N40390

Entity Name: METRO AQUATIC SWIMMING FOUNDATION, INC.

Current Principal Place of Business:

407 LINCOLN RD
6K
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

407 LINCOLN RD
6K
MIAMI BEACH, FL 33139

New Mailing Address:

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

Name and Address of Current Registered Agent:

VALDES, TERI
10455 SW 42 TERR
MIAMI, FL 33165 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	( ) Delete
Name:	VALDES, TERI	
Address:	10455 SW 42 TERR	
City-St-Zip:	MIAMI, FL 33165	
Title:	VPD	( ) Delete
Name:	REYNO, CLAUDIA	
Address:	1045 NW 129 PL	
City-St-Zip:	MIAMI, FL 33182	
Title:	SD	( ) Delete
Name:	HERNANDEZ, FLOR A	
Address:	1165 W 41 PL	
City-St-Zip:	HIALEAH, FL 33012	
Title:	ATL	( ) Delete
Name:	PEREZ-BARONA, LEONOR	
Address:	14455 SW 98 CT	
City-St-Zip:	MIAMI, FL 33176	
Title:	TD	( ) Delete
Name:	RODRIGUEZ, JULIETA	
Address:	13378 SW 144 TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	ATL	( ) Delete
Name:	ARAQUE, YANETH	
Address:	901 NW 123 CT	
City-St-Zip:	MIAMI, FL 33182	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	VALLS, CHRISTINE	
Address:	5433 NW 109 CT	
City-St-Zip:	DORAL, FL 33178	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: JULIETA RODRIGUEZ TD 04/29/2008

Electronic Signature of Signing Officer or Director — Date