2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40390

FILED Jan 21, 2009 Secretary of State

Entity Name: METRO AQUATIC SWIMMING FOUNDATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
407 LINCO	LN RD				
SK MIAMI BEA	CH, FL 33139)			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
407 LINCO	LN RD				
6K MIAMI BEACH, FL 33139					
FEI Number:	65-0229648	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
VALDES, TERI 10455 SW 42 TERR MIAMI, FL 33165 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
	of Florida.	submits this statement for the pur	pose of changing its regist	ered office of registered agent, or both,	
SIGNATUF					
	Electron	ic Signature of Registered Agent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS:	
Γitle: Name: Address: City-St-Zip:	PD () VALDES, TERI 10455 SW 42 T MIAMI, FL 3310		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VPD () REYNO, CLAUI 1045 NW 129 F MIAMI, FL 331	L	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () VALLS, CHRIST 5433 NW 109 C DORAL, FL 33	T	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ATL () PEREZ-BARON 14455 SW 98 C MIAMI, FL 331	र्म	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () RODRIGUEZ, J 13378 SW 144 MIAMI, FL 3318	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ATL () ARAQUE, YANE 901 NW 123 CT MIAMI, FL 331	-	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 01/21/2009