


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90093 044 ****61.25

DOCUMENT # N43054 1. Entity Name THE FEDERAL BUREAU OF INVESTIGATION RECREATION ASSOCIATION - MIAMI, INC.					
Principal Place of Business 16320 NW 2 AVE MIAMI, FL 33169-6508			Mailing Address 16320 NW 2 AVE MIAMI, FL 33169-6508		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINALDO, ANNA 16320 NW 2ND AVENUE MIAMI, FL 33169				7. Name and Address of New Registered Agent Name <u>Leslie Travieso</u> Street Address (P.O. Box Number is Not Acceptable) <u>16320 NW 2 Ave</u> City <u>N. Miami Beach</u> FL Zip Code <u>33169</u>	
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 <u>Leslie A. Travieso</u> <u>Leslie A. Travieso</u> <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> True 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	T MOELLER, CHRISTINA 16320 NW 2ND AVE N MIAMI BCH, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HANDZEL, DONNA 16320 NW 2 AVE MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRAVIESO, LESLIE 16320 N W 2ND AVE N MIAMI BCH, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINTERO, GUSTAVO 16320 NW 2 AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Quintero, Gustavo 16320 NW 2 Ave N. Miami Beach, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINTERO, GUSTAVO 16320 NW 2 AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dawn Soto 16320 NW 2 Ave. N. Miami Beach, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINTERO, GUSTAVO 16320 NW 2 AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the 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 entries.					
SIGNATURE: <u>Christina H. Moeller</u> <u>Christina H. Moeller</u> <u>4/21/08</u> <u>305-787-6526</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					