2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N43054

Entity Name: THE FEDERAL BUREAU OF INVESTIGATION RECREATION ASSOCIATION - MIAMI, INC.

Current Principal Place of Business:

16320 NW 2 AVE
MIAMI, FL 331696508

New Principal Place of Business:

Current Mailing Address:

16320 NW 2 AVE
MIAMI, FL 331696508

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVIESO, LESLIE
16320 NW 2 AVE
MIAMI, FL 33169 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: T ( ) Delete
Name: MOELLER, CHRISTINA
Address: 16320 NW 2ND AVE
City-St-Zip: N MIAMI BCH, FL 33169

Title: S ( ) Delete
Name: TRAVIESO, LESLIE
Address: 16320 N W 2ND AVE
City-St-Zip: N MIAMI BCH, FL 33169

Title: P (X) Delete
Name: QUINTERO, GUSTAVO
Address: 16320 NW 2 AVE
City-St-Zip: N. MIAMI BEACH, FL 33169

Title: D ( ) Delete
Name: DAWN, SORO
Address: 16320 NW 2 AVE.
City-St-Zip: N. MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: DAWN, SOTO
Address: 16320 NW 2 AVE.
City-St-Zip: N. MIAMI BEACH, FL 33169

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: CHRISTINA MOELLER T 04/06/2009

Electronic Signature of Signing Officer or Director — Date