

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 036 ****61.25

DOCUMENT # N44264					
1. Entity Name SOUTH FLORIDA SPORT FISHERMEN OF DADE COUNTY, INC.					
Principal Place of Business 12980 SW 89 AVENUE MIAMI, FL 33176 US			Mailing Address PO BOX 562851 MIAMI, FL 33256 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0308127	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, DAVID M 1393 SW FIRST STREET, 200 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 APR 2, 2007 <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME MILLER, BOB STREET ADDRESS 8801 SW 176TH STREET CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE VP, D NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME KOWAL, KENNY STREET ADDRESS 8480 SW 178TH ST CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE D, F NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HURST, STEVE STREET ADDRESS 21355 SW 192ND STREET CITY-ST-ZIP MIAMI, FL 33187	<input type="checkbox"/> Delete		TITLE D, P NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FIGUEROA, FELIX STREET ADDRESS 8425 SW 178TH ST CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE D NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME LYONS, ED STREET ADDRESS 7870 SW 182ND STREET CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE D NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME MCDONALD, DAVID M STREET ADDRESS 1393 SW FIRST STREET, 200 CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE D NAME Rick Popola STREET ADDRESS 11390 S.W. 136 Ave CITY-ST-ZIP Miami FL 33186	<input checked="" type="checkbox"/> Change <input checked="" 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 this 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 empowered.					
SIGNATURE: 305-255-2073 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					