2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000189

1. Entity Name
TEAM FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
PO BOX 350404 FT LAUDERDALE, FL 33335-0404	PO BOX 350404 FT LAUDERDALE, FL 33335-0404

01122008 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0414685
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, PERRY
2424 FLAMINGO LANE
FT LAUDERDALE, FL 33312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BACA, LARRY
STREET ADDRESS	2448 ANDROS LANE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	D
NAME	CORREA, ROBERT
STREET ADDRESS	1667 NE 38 STREET
CITY-ST-ZIP	OAKLAND PARKD, FL 33334
TITLE	D
NAME	DEMPSEY, PERRY
STREET ADDRESS	2424 FLAMINGO LANE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80007-007 61.25

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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: Larry Baca 1/15/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #