


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N93000001544 |  |
| 1. Entity Name MIAMI SHOOTING CLUB INC. | |

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|---|---|
| Principal Place of Business 10320 SW 55 ST MIAMI, FL 33165 US | Mailing Address 10320 SW 55 ST MIAMI, FL 33165 US |
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0405380 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**RAMOS, JOSE A
10320 SW 55 ST
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GARCIA, ONELIO 710 E 30 ST HIALEAH, FL 33013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SOLANO, SONIA 3921 W FLAGLER ST APT 1 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RAMOS, JOSE A 10320 SW 55 ST MIAMI, FL 33165 |
| 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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000000370768
07/05/05-80029-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOSE A. RAMOS 6/30/05 355518366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #