

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001544

1. Entity Name
MIAMI SHOOTING CLUB INC.



Principal Place of Business
**10320 SW 55 ST
MIAMI, FL 33165 US**

Mailing Address
**10320 SW 55 ST
MIAMI, FL 33165 US**



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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
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 FLAGER 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

U00000515373
04/29/06-80209-007 61.25

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IN THIS SPACE**

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:

Jose A. Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Ramos 4/12/06 - 305.598.0824
Date Daytime Phone