2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001544

1. Entity Name
MIAMI SHOOTING CLUB INC.

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

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP   CR2E037 (4/06)

4. FEI Number | Applied For
65-0405380 | 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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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 reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10.	OFFICERS AND DIRECTORS
TITLE	DS
NAME	GARCIA, ONELIO
STREET ADDRESS	710 E 30 ST
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	DT
NAME	SOLANO, SONIA
STREET ADDRESS	3921 W FLAGER ST APT 1
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	RAMOS, JOSE A
STREET ADDRESS	10320 SW 55 ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000660405
03/19/07-80024-016 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: _Jose A. Ramos_   3/6/07   305-598-0824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #