


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90193 048 ****61.25

DOCUMENT # N93000003854
 1. Entity Name
DAVIE RODEO ASSOCIATION, INC.



Principal Place of Business
20253 SW 52 PLACE
FORT LAUDERDALE, FL 33332 US

Mailing Address
20253 SW 52 PLACE
FORT LAUDERDALE, FL 33332 US



2. Principal Place of Business - No P.O. Box #
13851 SW 26 Street
 Suite, Apt. #, etc.
DAVIE, FL

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
33325 Country
USA

Zip Country

01092007 Chg-NP CR2E037 (12/06)

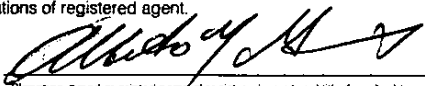
6. Name and Address of Current Registered Agent

GOMEZ, ALBERT
4159 SW 67 AVENUE
APT 106A
DAVIE, FL 33314

7. Name and Address of New Registered Agent

Name **Gomez, Albert**
 Street Address (P.O. Box Number is Not Acceptable)
315 SW 48 Court
 City **Miami** FL Zip Code **33134**

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 **1-10-07**

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

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ALBERT 4159 SW 67 AVE, APT 106A DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEEKLEY, TROY JR 6021 SW 173 WAY SOUTHWEST RANCHES, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, LEANNE 13851 SW 26 STREET DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULLIGAN, KIM 20253 SW 52 PLACE FT LAUDERDALE, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gomez, Albert 315 SW 48 Court Miami, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:  DATE **1-10-07** DAYTIME PHONE # **954 8185046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR