


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000003854 1. Entity Name DAVIE RODEO ASSOCIATION, INC.	
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Principal Place of Business 13851 SW 26 STREET DAVIE, FL 33325 US	Mailing Address 20253 SW 52 PLACE FORT LAUDERDALE, FL 33332 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0483595	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
GOMEZ, ALBERT 315 SW 48 COURT MIAMI, FL 33134

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

Filing Fee Is \$61.25
Due by May 1, 2008

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	P
NAME	GOMEZ, ALBERT
STREET ADDRESS	315 SW 48 COURT
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	V
NAME	WEEKLEY, TROY JR
STREET ADDRESS	6021 SW 173 WAY
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331
TITLE	S
NAME	SULLIVAN, LEANNE
STREET ADDRESS	13851 SW 26 STREET
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	CULLIGAN, KIM
STREET ADDRESS	20253 SW 52 PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000783427

01/16/08-80014-010 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 	1-9-08	954-818-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #