

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004925

Entity Name: CARIBISLES SPORTS CLUB, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 14-4981
CORAL GABLES, FL 331144981

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-4981
CORAL GABLES, FL 331144981

New Mailing Address:

FEI Number: 65-0441174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRADY, GAIL
13251 BW 21ST STREET
MIRAMAR, FL 33027

Name and Address of New Registered Agent:

O'BRADY, GAIL
13251 SW 21ST STREET
MIRAMAR, FL 33027

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.

SIGNATURE:

04/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'BRADY, GAIL
Address: 13251 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: MCBARNETTE, HILARY
Address: 14500 NW 15TH AVE
City-St-Zip: MIAMI, FL 33167

Title: S () Delete
Name: BEADEAU, RUTH
Address: 2420 SW 84TH TERR
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: BYER, SHERRYANN
Address: 10311 SW 24TH CT
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL O'BRADY

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date