## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004931

FILED Jan 08, 2008 Secretary of State

Entity Name: SOUTH FLORIDA RACING PIGEON COMBINE, INC.

**Current Principal Place of Business: New Principal Place of Business:** HIALEAH, FL 33010 US **Current Mailing Address: New Mailing Address:** 951 E 13 ST HIALEAH, FL 33010 US FEI Number: 65-0436574 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, REINALDO P 951 E 13 ST HIALEAH, FL 33010 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition RODRIGUEZ, REINALDO P Name: Name: 951 E 13 ST Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MARAJ, VINNY V Name: Address: 6351 SW 3 ST Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MEDINA, DOMINGO S Name: QUINONES, LUIS S Name: 32 SW 52 AVENUE 870 NW 115 AVE Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: PLANTATION, FL 33325 Title: (X) Delete Title: () Change () Addition CALANTE, HECTOR TR Name: Name: Address: 16620 SW 52 PL Address: City-St-Zip: SOUTHWEST RANCHES, FL 33331 City-St-Zip: Title: Title: () Delete () Change () Addition POLINICE, JOHN TR Name: Name: 160 SW 72 TER Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition QUINONES, LUIS D HILTON, JAY D Name: Name: Address: 870 NW 115 AVE Address: 5675 SW 130 AVE SOUTHWEST RANCHES, FL 33330 PLANTATION, FL 33325 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REINALDO RODRIGUEZ P 01/08/2008