

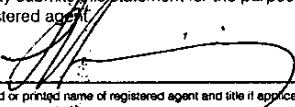
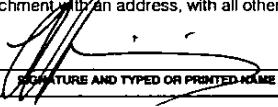


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90188 032 ****70.00

DOCUMENT # N94000000268 1. Entity Name SOUTH FLORIDA YOUTH HOCKEY ASSOCIATION, INC.					
Principal Place of Business 12425 TAFT STREET PEMBROKE PINES, FL 33028 US			Mailing Address 8358 W.OAKLAND PARK BLVD. SUITE 105 SUNRISE, FL 33351 US		
2. Principal Place of Business		3. Mailing Address 6843 MAIN STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O LUIS MARTINEZ			
City & State		City & State MIAMI LAKES, FL			
Zip	Country	Zip 33014	Country USA		
4. FEI Number 65-0676760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROVINGER, SCOTT E 8358 WEST OAKLAND PARK BLVD. SUITE 105 SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name LUIS MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 6843 MAIN STREET City MIAMI LAKES FL Zip Code 33014		
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 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDELLA, RICK 12425 TAFT STREET PEMBROKE PINE, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROVINGER, SCOTT E 8258 W. OAKLAND PARK, STE 105 SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARPER, DEBRA 15911 WEST WIND CIRCLE WESTON, FL 33351	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, GERRY 3970 MAIN CT. WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAPLE, LISA 4055 SANDER LANE WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFFER, DENNIS 4265 LEITNER DRIVE WEST WEST CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
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 checked="" type="checkbox"/> Addition T LUIS MARTINEZ 6843 MAIN STREET MIAMI LAKES, FL 33014				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S HOPE SIMONS 16504 NW 15 STREET PEMBROKE PINES, FL 33028				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DRAPLUK				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  LUIS MARTINEZ 4/26/05 305-817-4065 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					