2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N94000000268

Entity Name: SOUTH FLORIDA YOUTH HOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

12425 TAFT STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

6843 MAIN STREET
C/O LUIS MARTINEZ
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0676760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, LUIS
6843 MAIN STREET
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	GARDELLA, RICK	
Address:	12425 TAFT STREET	
City-St-Zip:	PEMBROKE PINE, FL 33028	
Title:	T	( ) Delete
Name:	MARTINEZ, LUIS	
Address:	6843 MAIN STREET	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	S	( ) Delete
Name:	SIMONS, HOPE	
Address:	16544 NW 15 STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	D	( ) Delete
Name:	GLASS, GERRY	
Address:	3970 MAIN CT.	
City-St-Zip:	WESTON, FL 33331	
Title:	D	( ) Delete
Name:	DRAPLUK, LISA	
Address:	4055 SANDER LANE	
City-St-Zip:	WESTON, FL 33331	
Title:	D	( ) Delete
Name:	SCHAEFFER, DENNIS	
Address:	4265 LEITNER DRIVE WEST	
City-St-Zip:	WEST CORAL SPRINGS, FL 33067	

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:	
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 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: LUIS MARTINEZ T 01/10/2006

Electronic Signature of Signing Officer or Director — Date