

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004801 1. Entity Name GATOR PRIDE BOOSTER CLUB, INC.		 <div style="text-align: right;"> FILED 05 SEP 20 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1880 S TREASURE DR # 4B MIAMI, FL 33141		Mailing Address 1880 S TREASURE DR # 4B MIAMI, FL 33141	
2. Principal Place of Business 1045 NW 173 Drive Suite, Apt. #, etc. 310		3. Mailing Address 10451 NW 67 Ave Suite, Apt. #, etc.	
City & State Hialeah, Florida Zip 33015 Country U.S.A.		City & State Miami Lakes, FL Zip 33014 Country U.S.A.	
4. FEI Number 65-0613865		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 PINA, MARYLIN 8351 NW 156 TERR MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Marylin Pina Street Address (P.O. Box Number is Not Acceptable) 1045 NW 173 Dr. #310 City Hialeah FL Zip Code 33015	
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 <small>Signature, typed or printed name of registered agent, and date if applicable.</small>		DATE 8/18/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 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	D LATSHAW, DONNA 8815 SW 154 TERRACE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATSHAW, CHARLES 18825 SW 154 TERRACE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMARIS, SALVADOR 21 WEST 63 ST HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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:		Date 8/18/05 Daytime Phone # 786-390-8566	