

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000540

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** MIAMI/VIRGIN ISLANDS MOCKO JUMBIE STILT DANCERS INCORPORATED

**Current Principal Place of Business:**

10455 S.W. 146 TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 971726  
MIAMI, FL 331971726

**New Mailing Address:**

**FEI Number:** 65-0643224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROOKS, VERNON  
10455 S.W. 146TH TERRACE  
MIAMI, FL 33176 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:**

Title: PD ( ) Delete  
Name: BROOKS, VERNON  
Address: 10455 S.W. 146TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: BONELLI, DORIS  
Address: 10455 S.W. 146TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: BONELLI, RAYMOND  
Address: 10455 S.W. 146TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: DONOVAN, CLAUDETTE  
Address: 10455 S.W. 146TH TERRACE  
City-St-Zip: MIAMI, FL 33176

**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: VERNON BROOKS

PD

09/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date