## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003317

Address:

City-St-Zip:

10382 SW 144TH ST

MIAMI, FL 33176

Entity Name: PINE BAY WRESTLING CLUB INC.

FILED Apr 23, 2009 Secretary of State

Littly Na	IIIE. FINE DAT	WRESTEING CLOB INC.				
Current Principal Place of Business:				New Principal Place of Business:		
C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI, FL 33156				C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 1000 MIAMI, FL 33156		
Current Mailing Address:				New Mailing Address:		
C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI, FL 33156				C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 1000 MIAMI, FL 33156		
FEI Number	: 65-0684278	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KRAUSE, THOMAS E 9700 S DIXIE HWY #550 MIAMI, FL 33156 US				KRAUSE, THOMAS E 9700 S DIXIE HWY #1000 MIAMI, FL 33156 US		
	named entity see of Florida.	submits this statement for the p	ourpose o	f changing its registe	red office or registered agent, or both,	
SIGNATURE:				04/23/2009		
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MCLUSKEY, JO	CTR #1901, 9130 S DADELAND BLV	'D	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () SHAPRIO, DAN 15351 SW 87TI MIAMI, FL 331	нст		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () FISHER, MILTO 7520 SW 57 AV MIAMI, FL 331	/E. STE. A		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D (X) THAYER, ALAN	Delete		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MILTON G. FISHER DT 04/23/2009