


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90004 049 ****70.00

DOCUMENT # N98000000818
 1. Entity Name
SHARK MUSIC BOOSTERS ASSOCIATION, INC.



Principal Place of Business
7891 W. FLAGLER STREET #313 MIAMI, FL 33144

Mailing Address
7891 W. FLAGLER STREET #313 MIAMI, FL 33144

50066452



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

09062005 Chg-NP CR2E037 (10/03)

City & State

Zip

Country

4. FEI Number
65-0792133

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, ALINA
7891 W. FLAGLER STREET, #313
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Alina Hernandez* *Alina Hernandez* *9/7/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, ALINA | |
| STREET ADDRESS | 9020 N W 8 STREET #210 | |
| CITY - ST - ZIP | MIAMI, FL 33172 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RUBIO, ODALYS | |
| STREET ADDRESS | 7895 W FLAGLER STREET #313 | |
| CITY - ST - ZIP | MIAMI, FL 33144 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MORSE, GLORIA | |
| STREET ADDRESS | 7895 W FLAGLER STREET #313 | |
| CITY - ST - ZIP | MIAMI, FL 33144 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VILA, IVETTE | |
| STREET ADDRESS | 7895 W FLAGLER STREET #313 | |
| CITY - ST - ZIP | MIAMI, FL 33144 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|---|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hernandez, Alina | |
| STREET ADDRESS | 7971 S.W. 152 Avenue, Miami, | |
| CITY - ST - ZIP | FL 33193 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ariadna DeOliveira | |
| STREET ADDRESS | 1270 S.W. 125 Ct., Miami, FL | |
| CITY - ST - ZIP | 33184 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gil, Ivette | |
| STREET ADDRESS | 9350 S.W. 43 Street, Miami, | |
| CITY - ST - ZIP | FL 33165 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Martinez, Rose | |
| STREET ADDRESS | 9140 Fountainsbleau Blvd., #501, Miami, | |
| CITY - ST - ZIP | FL 33172 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: *Alina Hernandez* *Alina Hernandez* *9/7/05* *305)282-7746*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #