## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001017

Address:

City-St-Zip:

MIAMI, FL 33170

FILED Jaņ 13, 2<u>00</u>8 Secretary of State

Entity Name: MIAMI SOUTH BMX, INC **Current Principal Place of Business: New Principal Place of Business:** 13500 SW 216TH ST MIAMI, FL 33170 **Current Mailing Address: New Mailing Address:** PO BOX 56-0486 MIAMI, FL 332560486 FEI Number: 65-0831874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOAN, STEVEN 21303 SW 88TH CT MIAMI, FL 33189 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RIVERA, TITO WOODS, JACK Name: Name: Address: 13500 SW 216TH ST Address: 21810 SW 98TH PLACE City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33190 Title: ( ) Delete Title: () Change () Addition Name: ALLEN, RICK Name: Address: 1556 FLAMINGO CT Address: City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: Title: () Delete Title: () Change () Addition DOAN, KELLY Name: Name: Address: 21303 SW 88TH CT Address: City-St-Zip: MIAMI, FL 33189 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ALLEN, JENNIFER Name: 1556 FLAMINGO CT Address: Address: City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GARCIA, JOSE KUNSELMAN, STEVE Name: Name: 13500 SW 216 ST 18307 SW 154TH CT

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:

MIAMI, FL 33187

SIGNATURE: KELLY DOAN Τ 01/13/2008