2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# N98000002405

Entity Name: CASELY TENNIS FOUNDATION, INC.

Current Principal Place of Business:

17515 SW 107 COURT
MIAMI, FL 33157

New Principal Place of Business:

9001 SW 122ND PLACE #923
MIAMI, FL 33186

Current Mailing Address:

PO BOX 65-1126
MIAMI, FL 332651126 US

New Mailing Address:

FEI Number: 65-0842340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASELY, CARLOS
17515 SW 107TH COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

CASELY, CARLOS
9001 SW 122ND PLACE #923
MIAMI, FL 33186 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: _____ 03/01/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASELY, CARLOS
Address: 17515 SW 107TH COURT
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: CASELY, MYRNA
Address: 17515 SW 107TH COURT
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: CRUZ, HECTOR
Address: 26155 SW 124 CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASELY, CARLOS
Address: 26155 SW 124 CT
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change ( ) Addition
Name: CASELY, MYRNA
Address: 26155 SW 124 CT
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change ( ) Addition
Name: CRUZ, HECTOR
Address: 26155 SW 124 CT
City-St-Zip: MIAMI, FL 33157

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: CARLOS CASELY PD 03/01/2005
Electronic Signature of Signing Officer or Director — Date