

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 040 ****61.25

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01102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N98000006085			
1. Entity Name CAPT. BOB LEWIS BILLFISH CHALLENGE, INC.			
Principal Place of Business 13273 S.W. 124TH STREET MIAMI, FL 33186		Mailing Address PO BOX 189 ISLAMORADA, FL 33036	
2. Principal Place of Business <i>208 S Hibiscus</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Beach FL</i>		City & State	
4. FEI Number 65-0868468		Applied For Not Applicable	
Zip <i>33139</i>	Country <i>USA</i>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, RONALD G 4675 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33146		Name <i>Suzan Baker</i> Street Address (P.O. Box Number is Not Acceptable) <i>208 S. Hibiscus</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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 <i>[Signature]</i>		DATE <i>1/10/06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$64.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, JUDY 13273 S.W. 124TH STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Exec Dir Marshall Locke 208 S. Hibiscus Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAKER, SUZAN PO BOX 189 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE VELASCO, LYNDA 13150 SW 77AVE PINECREST, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>[Signature]</i>		DATE <i>1/10/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>305-393-0111</i>	