

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003832

FILED
Apr 21, 2006
Secretary of State

Entity Name: MAJOR PLAYERS INC.

Current Principal Place of Business:

1390 NW 200TH ST.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1390 NW 200TH ST.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0940047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIMERE, ALLISON
1390 NW 200TH ST.
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LIMERE, ALLISON
Address: 1390 NW 200ST
City-St-Zip: MIAMI, FL 33169

Title: STD () Delete
Name: ESDELLE, RONALD
Address: 1875 N. W. 80TH TERRACE
City-St-Zip: PLANTATION, FL 33312

Title: TD () Delete
Name: PRIETO, VELLA
Address: 631 SOUTH WEST 28 DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: EDWARDS, DAPHNE
Address: 4401 NORTH WEST 168 TERRACE
City-St-Zip: OPA LOCKA, FL 33055

Title: VD () Delete
Name: ANTOINE, MONTY
Address: 6901 WEST WEDGEWOOD AVE
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: T () Delete
Name: ANTOINE, CAROL
Address: 6901 WEST WEDGEWOOD AVE
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ELIGON, ANN
Address: 3630 S.W. 36TH. STREET
City-St-Zip: HOLLYWOOD, FL 330233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ALLISON LIMERE

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date