

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003832

FILED  
May 06, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

LIMERE, ALLISON  
1390 NW 200TH ST.  
MIAMI, FL 33169      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete  
Name: ELIGON, ANN  
Address: 3630 S.W. 36TH. STREET  
City-St-Zip: HOLLYWOOD, FL 330233

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

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

Title: D ( ) Delete  
Name: ANTOINE, HELEN  
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: D (X) Change ( ) Addition  
Name: ARMORGAN, JUANITA  
Address: 6351 RIVERWALK LANE  
City-St-Zip: JUPITER, FL 33458

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 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

P/D

05/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date