


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000096209</b>	
1. Entity Name <b>SERGIO ROUCO'S WORLD WIDE BASKETBALL CAMPS INC.</b>	

Principal Place of Business <b>FIU BASKETBALL OFFICE-GPA/268 UNIVERSITY PARK CAMPUS MIAMI, FL 33199</b>	Mailing Address <b>FIU BASKETBALL OFFICE-GPA/268 UNIVERSITY PARK CAMPUS MIAMI, FL 33199</b>
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05142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3792807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**QUINTAIROS, GEORGE F  
9200 S. DADELAND BLVD.  
SUITE PH-825  
MIAMI, FL 33156**

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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 George F. Quintairos DATE 5/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000952739 06/04/08-80093-012 550.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROUCO, SERGIO FIU BASKETBALL OFFICE-GPA/268 MIAMI, FL 33199</b>
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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 607, 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: [Signature] DATE 5/29/08 DAYTIME PHONE # 305-348-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR