

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144555

FILED
Apr 19, 2009
Secretary of State

Entity Name: AMERICAN ORGANIZATION OF PROFESSIONAL ATHLETES, INC.

Current Principal Place of Business:

621 NW 53RD ST.
SUITE 240
BOCA RATON, FL 33487 US

New Principal Place of Business:

1900 GLADES RD
SUITE 354
BOCA RATON, FL 33431 US

Current Mailing Address:

621 NW 53RD ST.
SUITE 240
BOCA RATON, FL 33487 US

New Mailing Address:

1900 GLADES RD
SUITE 354
BOCA RATON, FL 33431 US

FEI Number: 20-4764753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGEN, MARK
621 NW 53RD ST.
SUITE 240
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BOGEN, MARK
1900 GLADES RD
SUITE 354
BOCA RATON, FL 33431 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:

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOGEN, MARK
Address: 621 N.W. 53RD STREET #240
City-St-Zip: BOCA RATON, FL 33950 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOGEN, MARK
Address: 1900 GLADES RD. SUITE 354
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Change (X) Addition
Name: LOVE, BOB
Address: 1900 GLADES RD SUITE 354
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Change (X) Addition
Name: SIMS, BILLY
Address: 1900 GLADES RD SUITE 354
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Change (X) Addition
Name: BANKS, ELIZABETH
Address: 1900 GLADES RD. SUITE 354
City-St-Zip: BOCA RATON, FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BOGEN

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date