


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 036 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P07000074003</b><br>1. Entity Name<br><b>RAIDER WATER POLO INC.</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>1251 WREN AVENUE</b><br><b>MIAMI SPRINGS, FL 33166 US</b>   |  |  | Mailing Address<br><b>1251 WREN AVENUE</b><br><b>MIAMI SPRINGS, FL 33166 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |  |
| City & State<br><br>Zip   |  | City & State<br><br>Zip  |   | 4. FEI Number<br><b>26-0712678</b><br>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>   |  |
| Country   |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>QUESADA, FRANK C ESQ.</b><br><b>806 DOUGLAS ROAD</b><br><b>560</b><br><b>CORAL GABLES, FL 33134</b>   |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 12, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>LEFEBVRE, ERIC J</b><br><b>1251 WREN AVENUE</b><br><b>MIAMI SPRINGS, FL 33166</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |   |   |  |
| 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 changed, or on an attachment with an address, with all other like empowered. |  |  | SIGNATURE: <i>Eric Lefebvre</i> <b>ERIC LEFEBVRE</b> 7/11/08 305-804-4100       |   |  |