

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002872

FILED
Sep 02, 2009
Secretary of State

Entity Name: SOUTH FLORIDA TRACK OFFICIALS ASSOCIATION, INC

Current Principal Place of Business:

2040 NW 195TH ST.
OPA LOCKA, FL 33056

New Principal Place of Business:

2040 NW 195TH ST.
MIAMI GARDENS, FL 33056

Current Mailing Address:

2040 NW 195TH ST.
OPA LOCKA, FL 33056

New Mailing Address:

2040 NW 195TH ST.
MIAMI GARDENS, FL 33056

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAKE & ASSOC. SMALL BUSINESS SERVICES,LLC
5433 N. UNIVERSITY DR., SUITE 124
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

BLAKE & ASSOCIATES
4621 HOLLYWOOD BLVD
STE 100
HOLLYWOOD, FL 33021 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: ANDRE C. MCADEN

09/02/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOKER, ALBERT
Address: P. O. BOX 3765
City-St-Zip: W. HOLLYWOOD, FL 33083

Title: VD () Delete
Name: SIMS, DALE
Address: P. O. BOX 3765
City-St-Zip: W. HOLLYWOOD, FL 33083

Title: TD () Delete
Name: NORTON, CASSANDRA
Address: P. O. BOX 3765
City-St-Zip: W. HOLLYWOOD, FL 33083

Title: SD () Delete
Name: ROLLE, HARRIETT
Address: P. O. BOX 3765
City-St-Zip: W. HOLLYWOOD, FL 33083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: ALBERT BOOKER

PRES

09/02/2009

Electronic Signature of Signing Officer or Director

Date