

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90281 035 \*\*\*\*61.25



**DOCUMENT # N99000004418**

1. Entity Name

**RENE AROCHA'S SPORT ORGANIZATION, INC.**

Principal Place of Business

14273 S.W. 24TH STREET  
MIAMI FL 33175

Mailing Address

14273 S.W. 24TH STREET  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

65-0938871

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AROCHA, RENE**  
**14273 S.W. 24TH STREET**  
**MIAMI FL 33175**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	AROCHA, RENE	
STREET ADDRESS	14273 S.W. 24TH ST.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AROCHA, FIDEL E	
STREET ADDRESS	3882 S.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AROCHA, VIVIAN	
STREET ADDRESS	14273 S.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL VALLE, SARVELIO	
STREET ADDRESS	7941 W. 30TH LANE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, LINDA	
STREET ADDRESS	3883 S.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSES, JOSEPH	
STREET ADDRESS	14273 S.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

4/15/04

Date

3055590653

Daytime Phone #