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602-542-0082

AZ CORP COMMISSION

**COPY**

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



FILING FEE \$10.00

ON OR BEFORE 04/08/2008

FY07-08

Following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **THE REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information on the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

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-0528633-0

THE MIAMI, ARIZONA BOONTOWN SPREZ, INC.
PO BOX 1
MIAMI, AZ 85539

MAR 27 2008

FEB 15 2008

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISIONARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

AD-DISSOLVED-FILE ANNUAL REPORT 11/26/2007; CONTACT THE COMMISSION AT 602-542-3285!
Business Phone: 928-425-5660 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

Statutory Agent: DANIE GARCIA

Mailing Address: 1302 LIVE OAK ST
City, State, Zip: MIAMI, AZ 85539

Physical Address, if Different.

Physical Address:

City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstatement \$ _____

Expedite \$ _____

Resubmit \$ _____

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|------------------------|---------------------------------|
| 1. Accounting | 20. Manufacturing |
| 2. Advertising | 21. Mining |
| 3. Aerospace | 22. News Media |
| 4. Agriculture | 23. Pharmaceutical |
| 5. Architecture | 24. Publishing/Printing |
| 6. Banking/Finance | 25. Ranching/Livestock |
| 7. Barber/ Cosmetology | 26. Real Estate |
| 8. Construction | 27. Restaurant/Bar |
| 9. Contractor | 28. Retail Sales |
| 10. Credit/Collection | 29. Science/Research |
| 11. Education | 30. Sports/Sporting Events |
| 12. Engineering | 31. Technology(Computers) |
| 13. Entertainment | 32. Technology(General) |
| 14. General Consulting | 33. Television/Radio |
| | 34. Tourism/Convention Services |

NON-PROFIT CORPORATIONS

- | |
|---|
| 1. <input checked="" type="checkbox"/> Charitable |
| 2. <input type="checkbox"/> Benevolent |
| 3. <input type="checkbox"/> Educational |
| 4. <input type="checkbox"/> Civic |
| 5. <input type="checkbox"/> Political |
| 6. <input type="checkbox"/> Religious |
| 7. <input type="checkbox"/> Social |
| 8. <input type="checkbox"/> Literary |
| 9. <input type="checkbox"/> Cultural |
| 10. <input type="checkbox"/> Athletic |
| 11. <input type="checkbox"/> Science/Research |
| 12. <input type="checkbox"/> Hospital/Health Care |
| 13. <input type="checkbox"/> Agricultural |
| 14. <input type="checkbox"/> Animal Husbandry |
| 15. <input type="checkbox"/> Homeowner's Association |
| 16. <input type="checkbox"/> Professional, commercial |



-0528633-0 THE MIAMI, ARIZONA BOOMTOWN SPREE, INC.

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5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Issued Class Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: DEBORAH HUBEL

Name: FRED DANFORTH

Title: TREASURER

Title: PRESIDENT

Address: PO BOX 1544

Address: 5658 MIAMI GARDENS

CHAYPOOL AZ 85532

MIAMI, AZ 85539

Date taking office: 5-20-07

Date taking office: 5-29-07

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: FRED DANFORTH

Name: _____

Address: 5658 MIAMI GARDENS DR

Address: _____

MIAMI, AZ 85539

Date taking office: 5-29-07

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

COMMISSIONERS
MIKE GLEASON - Chairman
WILLIAM A. MUNDELL
JEFF HATCH-MILLER
KRISTIN K. MAYES
GARY PIERCE



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL
Executive Director

LINDA FISHER
Director, Corporations Division

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

THE MIAMI, ARIZONA BOOMTOWN SPREE, INC.
PO BOX 1

MIAMI, AZ 85539

Effective Date: **03/17/2008**
File No: **-0528633-0**

Original Due Date: **April 8, 2008**

Received: **02/15/08**

We have deposited your check, however your annual report is being returned for the following reason(s):

- > Please see page 3, section 9 of the annual report for Financial Disclosure requirements. Non profit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets/liabilities).
- > The Certificate of Disclosure on page 3 has not been completed. Please respond **YES** or **NO**, and if **YES**, you must submit the required information.

Section 12 signature requirements are as follows:

Corporations - the signer shall be a duly authorized officer listed in section 7 on page 2. We can not accept this report unless officers signs the report and prints name, title, and the date. (Signature will not be accepted unless dated).

Non-profit corporations must complete section 9A by marking whether the corporation does or does not have members per A.R.S. 10-11622.A.6.

IMPORTANT INFORMATION

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) The annual report(s) which accompanied this letter (with corrections made).

- 3) Fee or penalties if marked due.
- 4) Additional forms if required, like the Affidavit of Publication.

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐ NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the title or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box must be marked:

YES ☐ NO ☒

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name DEBORAH HUBEL Date 1-11-08 Name _____ Date _____
 Signature [Signature] Signature _____
 Title TREASURER Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

