

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 003 ****61.25

DOCUMENT # 734523
 1. Entity Name
 PLANTATION ATHLETIC LEAGUE, INC.



Principal Place of Business: P.O. BOX 16303, PLANTATION, FL 33318
 Mailing Address: P.O. BOX 16303, PLANTATION, FL 33318

4012003



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

07092007 Chg-NP CR2E037 (12/06)

3. Mailing Address
 City & State

4. FEI Number: 23-7049795
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHN S. BUSH
 8181 W. BROWARD BLVD. SUITE 350
 FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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: P	NAME: BZDEK, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 541 SW 63RD TERRACE	CITY-ST-ZIP: PLANTATION, FL 33317	
TITLE: DT	NAME: GENEROTTI, E J	<input type="checkbox"/> Delete
STREET ADDRESS: 4120 SW 1ST CT	CITY-ST-ZIP: PLANTATION, FL 33317	
TITLE: VP	NAME: GREENWOOD, JO ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 7741 NW 13 CT.	CITY-ST-ZIP: FORT LAUDERDALE, FL 33321	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: Jo Ann Greenwood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7741 NW 13 Court	CITY-ST-ZIP: Plantation, FL 33321	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: VP	NAME: Russell Louis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7388 Sw 9 Court	CITY-ST-ZIP: Plantation, FL 33317	
TITLE: DS	NAME: Eran Krakower	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 461 NW 108 Ave.	CITY-ST-ZIP: Plantation, FL 33324	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

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 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: _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR