2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009695

1. Entity Name
LIGA DEPORTIVA BOLIVIANA, INC.

Principal Place of Business	Mailing Address
424 S "H" STREET LAKE WORTH, FL 33460	424 S "H" STREET LAKE WORTH, FL 33460

05172006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEJOS, RICARDO
5789 ITHACA CIRCLE
LAKE WORTH, FL 33463

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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

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VILLEJOS, RICARDO
STREET ADDRESS	5789 ITHACA CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VP
NAME	BARRIS, LILIAN
STREET ADDRESS	8761 PLACID TERRACE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	ARZE, LEONZIO
STREET ADDRESS	788 SE RIVER CT.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	2S
NAME	FERRUFINO, SADNRO
STREET ADDRESS	1828 KEENLAND CIRCLE
CITY-ST-ZIP	WPB, FL 43305
TITLE	T
NAME	VILICA, VIDAL
STREET ADDRESS	424 S "H" STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VT
NAME	VALLELOS, FELIPE
STREET ADDRESS	723 N "J" STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460

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05/22/06-80015-002 70.00

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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: _____ 5/17/06 (561) 586-7798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #