

**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.	
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Principal Place of Business 424 S "H" STREET LAKE WORTH, FL 33460	Mailing Address 424 S "H" STREET LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



05172006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLEJOS, RICARDO 5789 ITHACA CIRCLE LAKE WORTH, FL 33463

**DO NOT WRITE
IN THIS SPACE**

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)

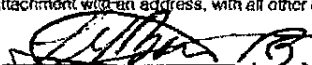
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLEJOS, RICARDO 5789 ITHACA CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRIS, LILIAN 8761 PLACID TERRACE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARZE, LEONZIO 788 SE RIVER CT. PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2S FERRUFFINO, SADNRO 1828 KEENLAND CIRCLE WPB, FL 43305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILICA, VIDAL 424 S "H" STREET LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VALLELOS, FELIPE 723 N "J" STREET LAKE WORTH, FL 33460

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IN THIS SPACE**

U00000565821
05/22/06-80015-002 70.00

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) 584-7798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #