


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 028 ****61.25

DOCUMENT # 740787

1. Entity Name
DEPORTIVO DE FOMENTO, INC.




Principal Place of Business
**P.O. BOX 112195
 HIALEAH, FL 33011-2195 US**

Mailing Address
**P.O. BOX 112195
 HIALEAH, FL 33011-2195 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



08262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**NODAL, PEDRO M
 4655 PALM AVENUE #132
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
 Name **Avilio Delvalle**
 Street Address (P.O. Box Number is Not Acceptable)
1850 W 56th ST Apt #2112
 City **Hialeah** FL Zip Code **33012**

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 *Avilio del Valle* **AVILIO DELVALLE** 8/26/04
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 8, 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	D	<input type="checkbox"/> Delete
NAME	GARCIA, FELIX	
STREET ADDRESS	13440 SW 28 ST	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	NODAL, PEDRO M	
STREET ADDRESS	4655 PALM AVENUE APT. 132	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELVALLE, AVILIO	
STREET ADDRESS	1850 W 56 ST APT 2112	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, REINERIO	
STREET ADDRESS	295 E 36 ST	
CITY-ST-ZIP	HIALEAH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serafin Arnoldo	
STREET ADDRESS	3660 W 4 th AVE	
CITY-ST-ZIP	Hialeah, FL 33012	
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: *Avilio del Valle* **Avilio Delvalle** 8/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #