

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000001783

1. Entity Name
PURE FUTBOL LTD.



FILED

2004 SEP -1 P 2:30

Principal Place of Business
5571 N.E. 29TH AVE
FT. LAUDERDALE, FL 33308 US

Mailing Address
5571 N.E. 29TH AVE
FT. LAUDERDALE, FL 33308 US

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08282004 Chg-LP CR2E003 (10/03)

4. FEI Number
55-0855864

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FERREIRO, RAFAEL
5571 NE 29TH AVE
FT. LAUDERDALE, FL 33308

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.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00 + \$141.25-**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FERREIRO, RAFAEL	CITY-ST-ZIP	
STREET ADDRESS	5571 N.E. 29TH AVE		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
DOCUMENT #		STREET ADDRESS	
NAME	VEGA, LEO	CITY-ST-ZIP	
STREET ADDRESS	7215 MIAMI LAKES DRIVE		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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09/22/04--01068--003 **141.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **08/28/04** **(954) 873-0557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE