


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90448 045 \*\*\*158.75

<b>DOCUMENT # H52629</b> 1. Entity Name <b>NENE CUBILLAS CAMP FUTBOL, INC.</b>					
Principal Place of Business <b>1953 N.W. 81ST AVENUE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>1953 N.W. 81ST AVENUE CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4262005      Chg-P      CR2E034 (10/03)				4. FEI Number <b>59-2531514</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOSCH, JAIRO 5440 N STATE ROAD 7 SUITE 5 FT. LAUDERDALE, FL 33319</b>			7. Name and Address of New Registered Agent Name <b>TEOFILO CUBILLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1953 N.W. 81st AVENUE</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</b>		
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: <u><i>Teofilu Cubillas</i></u> <b>TEOFILO CUBILLAS (PRESIDENT)</b> <u>04/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUBILLAS, TEOFILO 1953 N.W. 81ST AVENUE CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUBILLAS, BERTHA 1953 N.W. 81ST AVE. CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 607, 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: <u><i>Teofilu Cubillas</i></u> <b>TEOFILO CUBILLAS</b> <u>04/26/05</u> (954) 755-1908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					