

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001575

FILED
Feb 23, 2006
Secretary of State

Entity Name: DESPORTIVO WEST PALM SOCCER CLUB, INC.

Current Principal Place of Business:

PO BOX 20022
WEST PALM BEACH, FL 33416

New Principal Place of Business:

Current Mailing Address:

PO BOX 20022
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-1009967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICCOLO, DAVID M PA
1738 45TH ST.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALMEIDA, JOSE
Address: 2110 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDNS, FL 33418

Title: DTVP () Delete
Name: SERENO, JORGE A
Address: PO BOX 20022
City-St-Zip: W PALM BCH, FL 33416

Title: DS () Delete
Name: ALMEIDA, MARIA F
Address: 115 VIA LA SELVA
City-St-Zip: PALM BEACH, FL 33480

Title: DP () Delete
Name: ALMEIDA, JOSE M PRES.
Address: 2110 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDWENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ALMEIDA, MARIA F
Address: 2110 BONISLE CIR
City-St-Zip: PALM BEACH GARDNS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ALMEIDA

DP

02/23/2006

Electronic Signature of Signing Officer or Director

Date