2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000087

Entity Name: PINECREST PREMIER SOCCER INC

FILED Apr 30, 2009 Secretary of State

| Littly Na | IIIE. FINECKI | LOT FREIWIER GOUCER, INC. | | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | 61 AVENUE ST, FL 33156 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ' 61 AVENUE ST, FL 33156 | | | | |
| FEI Number | : 31-1761698 | FEI Number Applied For() | FEI Number Not App | licable () Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and | Address of New Registered Agent: | |
| 260 CRAN | PIE SALAZAR, IDON BLVD. # AYNE, FL 331 | 48 | | | |
| | e named entity e of Florida. | submits this statement for the p | purpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | D (SALAZAR, REI 12855 SW 61 A PINECREST, F | AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (MOZTARZADE 6800 SW 124 PINECREST, F | ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (CAVEIRO, ROS 6001 SW 92 S PINECREST, F | Т | Title: Name: Address: City-St-Zip: | D (X) Change () Addition BARRIOS, DORA 9411 SW 84 CT MIAMI, FL 33156 | |
| Title: Name: Address: City-St-Zip: | D (WILLIAMS, DA 11601 SW 61 PINECREST, F | CT | Title: Name: Address: City-St-Zip: | D (X) Change () Addition SOSA, RAFAEL 6920 ALTAMIRA STREET CORAL GABLES, FL 33146 | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | D () Change (X) Addition DANON, SAM 6030 SW 135 TERR PINECREST, FL 33156 | |

I hereby certify that the information supplied with this filing does not qualify 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: RENATO SALAZAR D 04/30/2009