


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State


DOCUMENT # N01000003507	
1. Entity Name UNITED STATES CRICKET ACADEMY, INC.	

Principal Place of Business 6221 WEST ATLANTIC BLVD MARGATE, FL 33063	Mailing Address 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
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01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired 	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUERESHI, DENISE
6221 WEST ATLANTIC BLVD
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000012999 01/26/04-80035-003 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUERESHI, DENISE 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUERESHI, MAHAMMAD A 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REFAIE, SYED 6221 WEST ATLANTIC BLVD MARGATE, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Denise Qureshi Denise Qureshi **1-23-04** **954-977-9728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #