

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002530

FILED
Jul 23, 2008
Secretary of State

Entity Name: SOUTH FLORIDA SPORTS LEAGUE, INC.

Current Principal Place of Business:

2520 CORAL WAY
STE 2309
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2520 CORAL WAY
STE 2309
MIAMI, FL 33145

New Mailing Address:

FEI Number: 75-3050477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIAZ-ROUSSELOT, WILLIAM C
8541 SW 29 STREET
MIAMI, FL 33155 US

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: ED () Delete
Name: CHACON, GUILLERMO M
Address: 2456 SW 31ST AVE.
City-St-Zip: MIAMI, FL 33145

Title: BD () Delete
Name: FLORES, JUAN C
Address: 1420 BRICKELL BAY DR. #404
City-St-Zip: MIAMI, FL 33131

Title: BD () Delete
Name: PARENTE, JUAN
Address: 13114 SW 205TH LANE
City-St-Zip: MIAMI, FL 33177

Title: BD () Delete
Name: SALUM, IRENE
Address: 7700 N. KENDALL DRIVE #200
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GUILLERMO M. CHACON

ED

07/23/2008

Electronic Signature of Signing Officer or Director

Date