

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006196

FILED
Jan 16, 2007
Secretary of State

Entity Name: IMPACTO SOCCER ACADEMY USA, INC.

Current Principal Place of Business:

910 SALERNO CT
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

910 SALERNO CT
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 46-0495110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTAXGONZALEZ SERVICE
4142 W. OAK RIDGE RD.
102
ORLANDO, FL 32809 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: PTD () Delete
Name: SAN ANDRES, RAUL
Address: 910 SALERNO CT
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: SAN ANDRES, GICELA
Address: 910 SALERNO CT
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: SAN ANDRES, RAUL A
Address: 910 SALERNO CT
City-St-Zip: KISSIMMEE, FL 34758

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:

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: DIRECTOR

PDTE

01/16/2007

Electronic Signature of Signing Officer or Director

Date