2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 8:00 am **Secretary of State** DOCUMENT # N02000009880 01-26-2004 90063 038 ****61.25 EAST BROWARD UNITED SOCCER CLUB, INC. Principal Place of Business Mailing Address 2455 EAST SUNRISE BLVD 2455 EAST SUNRISE BLVD PH WEST PH WEST FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 CR2E037 (10/03) 4. FEI Number NOT APPLICABLE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUSKEY, J D ESQ. 2455 EAST SUNRISE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE WEST FORT LAUDERDALE, FL 33304 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ☐ Change TITLE ■ Addition FREITAS, CHARLES NAME NAME 5801 NE 1ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUERIN, JAMES NAME NAME 113 NE 2ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DANIA, FL 33004** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE contreras, Haureio COUTVERAS, MAURICIO NAME NAME STREET ADDRESS 611 N E 61 ST NE 6137 57 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, 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.

STREET ADDRESS.

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED