

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009880

FILED  
Aug 30, 2006  
Secretary of State

**Entity Name:** EAST BROWARD UNITED SOCCER CLUB, INC.

**Current Principal Place of Business:**

2850 N ANDREWS AVE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2850 N ANDREWS AVE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
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:**

HUSKEY, J. DAVID JR, ESQ  
2850 N. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 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: D ( ) Delete  
Name: HENAO, CAROLINA  
Address: 5801 NE 1ST TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: MEDINA, EDGAR  
Address: 1998 NW 170 TER  
City-St-Zip: PEMBROKE, PINES, FL 33028

Title: D ( ) Delete  
Name: CONTRERAS, CARMEN  
Address: 611 N E 61 ST  
City-St-Zip: FT LAUDERDALE, FL 33334

**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: CAROLINA HENAO

D

08/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date