

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007132

Entity Name: EUROPEAN SOCCER ACADEMY INC.

FILED  
Apr 06, 2004  
Secretary of State

**Current Principal Place of Business:**

318 NW 65 TERRACE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

318 NW 65 TERRACE  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VERLEY, FILIP  
318 NW 65 TERRACE  
PLANTATION, FL 33317 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: P ( ) Delete  
Name: MATTSON, STEPHANIE  
Address: 318 NW 65 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete  
Name: VANDEWEERDT, JOS  
Address: 318 NW 65 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete  
Name: VERLEY, FILIP  
Address: 318 NW 65 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete  
Name: MATTSON, STEPHANIE  
Address: 318 NW 65 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete  
Name: VANDEWEERDT, JOS  
Address: 318 NW 65 TERRACE  
City-St-Zip: PLANTATION, FL 33317

**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:

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 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 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: FILIP VERLEY

DIR

04/06/2004

Electronic Signature of Signing Officer or Director

Date