

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-18-2006 90015 042 ***61.15
N04000001016

DOCUMENT # N04000001016

1. Entity Name
COPA LATINA SOCCER LEAGUE OF BOYNTON BEACH, INC.



FILED

06 JUN -2 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
525 FLEMING AVENUE
GREENACRES, FL 33463

Mailing Address
525 FLEMING AVENUE
GREENACRES, FL 33463

2. Principal Place of Business
525 FLEMING AV

3. Mailing Address
525 FLEMING AV

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

City & State
Greenacres FL 33463

4. FEI Number
20-0516093

Applied For
Not Applicable

Zip
33463

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIQUELME, ABEL
525 FLEMING AVENUE
GREENACRES, FL 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Abel Riquelme 5-8-06

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIQUELME, ABEL 525 FLEMING AVENUE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	525 FLEMING AV Greenacres FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARIOSTEGUI, ARGELIA 525 FLEMING AVENUE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	525 FLEMING AV Greenacres FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIQUELME, ABEL JR 525 FLEMING AVENUE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	525 FLEMING AV Greenacres FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Abel Riquelme 5-8-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #