

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000233

1. Entity Name
SOCCER REFEREE ACADEMY MIAMI CORP.



Principal Place of Business

11106 SW 15 MANOR
DAVIE, FL 33324

Mailing Address

11106 SW 15 MANOR
DAVIE, FL 33324

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07142008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JAIME
11106 SW 15 MANOR
DAVIE, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PABON, ALONSO
STREET ADDRESS	2970 NE 53 STREET
CITY - ST - ZIP	MARGATE, FL 33083
TITLE	VP
NAME	VERANO, ALEX
STREET ADDRESS	2141 NE 42ND STREET # 101
CITY - ST - ZIP	LIGHT HOUSE POINT, FL 33064
TITLE	S
NAME	BENITEZ, GONZALO
STREET ADDRESS	7645 NW 180 STREET
CITY - ST - ZIP	MIAMI, FL 33015
TITLE	T
NAME	GUTIERREZ, JAIME
STREET ADDRESS	11106 SW 15 MANOR
CITY - ST - ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000955094
07/16/08-80002-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08 954.974.1278

Date

Daytime Phone #