


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001704 1. Entity Name FUTBOL LIGA HISPANA D.C., INC.	
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Principal Place of Business 17440 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523	Mailing Address 17440 U.S. HIGHWAY 301 NORTH DADE CITY, FL 33523
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04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROCK, P. HUTCHISON II 37837 MERIDIAN AVENUE SUITE 314 DADE CITY, FL 33525	DO NOT WRITE IN THIS SPACE
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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) DATE _____

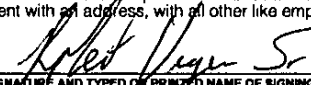
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGEN, ROBERTO 17440 U.S. HIGHWAY 301 N. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, HUMBERTO 17440 U.S. HIGHWAY 301 N. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARCOS 17440 U.S. HIGHWAY 301 N. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000712760
04/26/07-80061-018 61.25

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:  **4/11/07** **352 521 0336**

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