



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90135 050 \*\*\*\*75.00

<b>DOCUMENT # N05000001842</b> 1. Entity Name <b>PONCE DELEON SOCCER LEAGUE, INC.</b>					
Principal Place of Business <b>2367 S.E. HARRISON STREET STUART, FL 34997</b>			Mailing Address <b>P.O. BOX 615 PORT SALERNO, FL 34992-0615</b>		
2. Principal Place of Business - No P.O. Box # <b>5677 S.E. WINDSONG LN.</b>		3. Mailing Address Suite, Apt. #, etc. <b>#540</b>			
City & State <b>STUART, FL</b>		City & State <b>STUART, FL</b>		4. FEI Number <b>20-2424012</b>	
Zip <b>34997</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUTIERREZ, JOSE 2367 S.E. HARRISON STREET STUART, FL 34997</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, JOSE 2367 S.E. HARRISON STREET STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAYLE SOLIS 5677 S.E. WINDSONG LANE #540 STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTIERREZ, ROSA 2367 S.E. HARRISON STREET STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSA POSSO 13903 S.W. 90 AV. APT. E-216 MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VASQUEZ, JUAN O 411 VICLIFF ROAD WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLOS POSSO 13903 S.W. 90 AV. APT. E-216 MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLIS, MANUEL 6549 S.E. FEDERAL HWY APT. #1 STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLIS, MANUEL 5677 S.E. WINDSONG LANE #540 STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARIOS, ROBERTO 2092 S.E. JACKSON STREET STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN GARCIA 14835 S.W. SEMINOLE ST. INDIANTOWN, FL 34956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, J. MEREDITH 2497 S.E. WATERCREST STREET PORT SAINT LUCIE, FL 34984	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEJANDRO SONCHIGUIL 15135 S.W. SEMINOLE ST. INDIANTOWN, FL 34956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			<b>MANUEL SOLIS</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>MAR.28-2007</b> <small>Daytime Phone #</small> <b>772-287-3751</b>		