## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001842

Entity Name: PONCE DELEON SOCCER LEAGUE, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5677 S E WINGSONG LAI				5677 SE. WINDSONG LANE 540			
540 STUART, FL 34997				STUART, FL 34997			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 615 PORT SALERNO, FL 349920615			540	5677 SE. WINDSONG LANE 540 STUART, FL 34997			
FEI Number	: 20-2424012	FEI Number Applied For ( )	FEI Number			Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Na	me and	Address of	New Registered Agent:	
GUTIERR 2367 S.E. STUART,	HARRISON S	TREET US					
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of cha	anging i	its registered	office or registered agent, or both,	
SIGNATUI	RE:						
Electronic Signature of Registered Agent			ent			Date	
OFFICER	S AND DIREC	CTORS:	AD	DITION	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	TD ( POSSO, ROSA 13903 SW 90 STUART, FL 3	AV APT E-216			(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SOLIS, GAYLI	DSONG LANE #540			(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	POSSO, CARI	AVE APT E 216			(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SOLIS, MANÚ	DSONG LANE #540			(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( GARCIA, JUAN 14835 SW SE STUART, FL (	MINOLE ST			(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DON CHIGUIL 15135 SW SE INDIANTOWN	MINOLE ST			,		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEJANDRO SON CHIGUIL D 01/30/2008