2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N05000001842

Entity Name: PONCE DELEON SOCCER LEAGUE, INC.

Current Principal Place of Business:

5677 SE. WINDSONG LANE
540
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5677 SE. WINDSONG LANE
540
STUART, FL 34997

New Mailing Address:

FEI Number: 20-2424012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUTIERREZ, JOSE
2367 S.E. HARRISON STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	POSSO, ROSA	
Address:	13903 SW 90 AV APT E-216	
City-St-Zip:	STUART, FL 34997	
Title:	SD	( ) Delete
Name:	SOLIS, GAYLE	
Address:	5677 S E WINDSONG LANE #540	
City-St-Zip:	STUART, FL 34997	
Title:	VD	( ) Delete
Name:	POSSO, CARLOS	
Address:	13903 SW 90 AVE APT E 216	
City-St-Zip:	MIAMI, FL 33176	
Title:	PD	( ) Delete
Name:	SOLIS, MANUEL	
Address:	5677 SE WINDSONG LANE #540	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	GARCIA, JUAN	
Address:	14835 SW SEMINOLE ST	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	SON CHIGUIL, ALEJANDRO	
Address:	15135 SW SEMINOLE ST	
City-St-Zip:	INDIANTOWN, FL 34956	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MANUEL SOLIS PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date