## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007570

FILED May 06, 2009 Secretary of State

Entity Name: LIMERS INTERNATIONAL FOOTBALL CLUB, INC

urrent P	rincipal Place of Business:	New Principal Place	of Business:
	IRON BLVD		
12 AUDERH	IILL, FL 33319		
urrent M	lailing Address:	New Mailing Addres	ss:
	IRON BLVD		
12 AUDERH	HILL, FL 33319		
	: 26-0639690 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation did not r	FEI Number Not Applicable ( ) receive the prior notice.	Certificate of Status Desired ( )
ame and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
,	HUGO E		
2	IRON BLVD IILL, FL 33319 US		
12 AUDERH ne above		rpose of changing its registere	ed office or registered agent, or both,
I2 AUDERH ne above the State	HILL, FL 33319 US e named entity submits this statement for the pur e of Florida. RE:		
2 AUDERH ne above the State	HILL, FL 33319 US named entity submits this statement for the pure of Florida.		ed office or registered agent, or both,  Date
12 AUDERH ne above the State GNATUI	HILL, FL 33319 US e named entity submits this statement for the pur e of Florida. RE:	t	
:2 AUDERH ne above the State GNATUI	HILL, FL 33319 US named entity submits this statement for the pure of Florida.  RE: Electronic Signature of Registered Agent	t	Date
2 NUDERH He above the State GNATUF FFICER: He: me: dress:	HILL, FL 33319 US e named entity submits this statement for the pure of Florida.  RE:  Electronic Signature of Registered Agent S AND DIRECTORS:  P () Delete BROWN, DIRK 2700 NW 36TH AVE	t  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ZAK ALI VP 05/06/2009