

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001327

FILED
Apr 28, 2009
Secretary of State

Entity Name: GLOBAL FUTBOL ACADEMY INC.

Current Principal Place of Business:

344 GRAHAM PARK DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

344 GRAHAM PARK DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 22-3976138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP () Delete
Name: THOMPSON, MYRIAM
Address: 344 GRAHAM PARK DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: DV () Delete
Name: GALVIS, FERNANDO
Address: 344 GRAHAM PARK DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: DS () Delete
Name: QUINTERO, JONATHAN
Address: 344 GRAHAM PARK DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: CADAVID, JACQUELINE
Address: 344 GRAHAM PARK DRIVE
City-St-Zip: HAINES CITY, FL 33844

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: T (X) Change () Addition
Name: THOMPSON, MYRIAM
Address: 344 GRAHAM PARK DRIVE
City-St-Zip: HAINES CITY, FL 33844

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: MYRIAM THOMPSON

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date