2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000009204

Entity Name: NORTHEAST MIAMI SOCCER LEAGUE CORP.

Current Principal Place of Business:

3438 NE 210 TERRACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3438 NE 210 TERRACE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUGLIESE-BASSI, GERMAN
2560 NE 209TH TERRACE
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

PUGLIESE-BASSI, GERMAN
2560 NE 209TH TERRACE
MIAMI, FL 33180 US

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: GERMAN PUGLIESE 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FUGLIESE-BASSI, GERMAN
Address: 2560 NE 209TH TERRACE
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete
Name: HIGH, MATT
Address: 3438 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: ALVEZ, GABRIEL
Address: 3438 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete
Name: EAGLE SOCCER CLUB OF AVENTURA
Address: 3438 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete
Name: CYCLONE SOCCER CLUB
Address: 3438 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PUGLIESE-BASSI, GERMAN
Address: 2560 NE 209TH TERRACE
City-St-Zip: MIAMI, FL 33180

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

Title: D (X) Change ( ) Addition
Name: ALVES, GABRIEL
Address: 3438 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

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: ALVES GABRIEL D 05/01/2009
Electronic Signature of Signing Officer or Director Date