
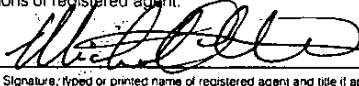
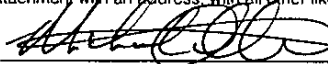


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90193 045 \*\*\*\*61.25

DOCUMENT # N40483			
1. Entity Name SOUTH FLORIDA ELITE FUTBOL CLUB, INC.			
Principal Place of Business 5005 NW 39TH AVENUE COCONUT CREEK, FL 33073-5039		Mailing Address 5379 LYONS ROAD PMB #152 COCONUT CREEK, FL 33073	
2. Principal Place of Business - No P.O. Box # 401 EAST LAS OLAS BLVD.		3. Mailing Address 401 EAST LAS OLAS BLVD.	
Suite, Apt. #, etc. SUITE 150-188		Suite, Apt. #, etc. SUITE 150-188	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33301	Country USA	Zip 33301	Country USA
6. Name and Address of Current Registered Agent BAIRD, GLEN 5424 NW 43RD WAY COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name: MICHAEL C. MARSH Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. 20 <sup>TH</sup> FLOOR City: MIAMI FL Zip Code: 33131	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 2-27-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPH, ILLANA 21533 HALSTEAD DRIVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENAQ-FREITAS, CAROLINA 5801 NE 1ST TERRACE FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCKNOR, CURTIS 5975 W. SUNRISE BLVD., STE 207 SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAULUS, MICHAEL 9011 NW 62 PLACE PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARSH, MICHAEL C 6220 ALMOND TERRACE PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARSH, MICHAEL C 6220 ALMOND TERRACE PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R CONTRERAS, CARMEN 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 2-27-08 954.401.7948	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	