

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N49784
1. Entity Name
SOUTH FLORIDA UNITED YOUTH SOCCER
ASSOCIATION, INC.



Principal Place of Business Mailing Address
8513 OLD COUNTRY MANOR #409 8513 OLD COUNTRY MANOR #409
FORT LAUDERDALE, FL 33328 US FORT LAUDERDALE, FL 33328 US



06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0343781 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
GROSS, CYNTHIA
8513 OLD COUNTRY MANOR #409
FORT LAUDERDALE, FL 33328

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000376050
08/10/05-80002-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P WITLIN, BARRY 1200 S. PINE ISLAND ROAD, STE. 230 FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY ST ZIP	VD DAGAN, ALAN 62 INDIAN TRACE #182 FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY ST ZIP	V/D KURZNER, JEFFREY 545 SAN ESTABAN AVENUE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY ST ZIP	S/D ZAMUDIO, MICHELLE 11521 TAXT ST. HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CLARK, RON 6790 NW 186TH STREET, #223 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY ST ZIP	TD GROSS, CYNTHIA 8513 OLD COUNTRY MANOR #409 FORT LAUDERDALE, FL 33328

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA GROSS Date: 6/29/05 Daytime Phone #: 954-475-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR