

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 27, 2009
Secretary of State

DOCUMENT# N93000002951

Entity Name: MAKO SOCCER CLUB, INC.**Current Principal Place of Business:**1585 CASHMERE BLVD
PORT ST LUCIE, FL 34986**New Principal Place of Business:****Current Mailing Address:**PO BOX 880260
PORT ST LUCIE, FL 34988**New Mailing Address:**PO BOX 880262
PORT ST LUCIE, FL 34988**FEI Number:** 65-0425929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIBERNARDO, PETER
6609 NW OMEGA ROAD
PORT SAINT LUCIE, FL 34983 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:** PD () Delete
Name: PETER, DIBERNARDO
Address: 6609 NW OMEGA RD
City-St-Zip: PORT SAINT LUCIE, FL 34983**Title:** SD () Delete
Name: YOUNG, LESLIE
Address: 2591 SE JASON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952**Title:** TD () Delete
Name: BUTALA, MICHELLE
Address: 1698 SW AVILA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953**Title:** RG () Delete
Name: WALKER, RUSSELL
Address: 383 SW COLUMBUS DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: CORTES, GRISEL
Address: 2016 SE WATERCREST STREET
City-St-Zip: PORT SAINT LUCIE, FL 34984**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: PETER DIBERNARDO

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date