
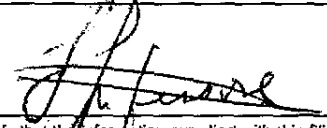
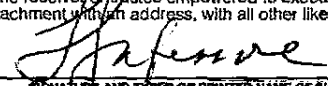


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # N94000001543</b>   |   |                                   |
| 1. Entity Name<br>CORAL ESTATES SOCCER CLUB, INC.  |   |  |
| Principal Place of Business<br>9675 SW 106TH AVENUE<br>MIAMI, FL 33176   | Mailing Address<br>9675 SW 106TH AVENUE<br>MIAMI, FL 33176                          |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>CONFESORE, LOU<br>9675 SW 106TH AVENUE<br>MIAMI, FL 33176   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CONFESORE, LOU<br>C/O 9675 SW 106TH AVENUE<br>MIAMI, FL 33176                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KATZ, MORRIS<br>1925 NE 207 STREET<br>MIAMI, FL 33179                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>CONFESORE, LOUIS<br>C/O 9675 SW 106TH AVENUE<br>MIAMI, FL 33176                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RAMOS, BONIFACIO<br>9830 SW 4 TERRACE<br>MIAMI, FL 33174                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROBERTS, CAROLYN<br>20140 SW 324 ST<br>MIAMI, FL 33030                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| 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: 1/6/05 Daytime Phone #: 305-279-2325   |



01042006 No Chg-NP CR2E037 (11/05)

|                                  |   |
|----------------------------------|---|
| 4. FEI Number<br>65-0473680      | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional<br>Fee Required |

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01/11/06-80007-014 70.00

**DO NOT WRITE  
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