

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|   |                      |  |   |  |  |
|---|----------------------|--|---|--|--|
| <b>DOCUMENT # N94000002396</b><br>1. Entity Name<br><b>LIGA HONDURENA DE FOOTBALL SOCCER DE MIAMI INC.</b>  |                      |  |   |  |  |
| Principal Place of Business<br><b>437 W 76 ST<br/>HIALEAH FL 33014<br/>US</b>   |                      |  | Mailing Address<br><b>437 W 76 ST<br/>HIALEAH FL 33014<br/>US</b> |  |  |
| 2. Principal Place of Business  |                      | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                      | City & State   |   |  |  |
| Zip   | Country              | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                      |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>DERAS, JORGE A.<br/>437 W 76 ST<br/>HIALEAH FL 33014</b>   |                      |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                      |  |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make Check Payable to Florida Department of State</b>  |                      |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |  |
| TITLE   | PD                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DERAS, JORGE A.      |  | NAME  |  |  |
| STREET ADDRESS  | 437 W 76 ST          |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | HIALEAH FL 33014     |  | CITY- ST- ZIP   |  |  |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | HERRERA, ENRIQUE     |  | NAME  |  |  |
| STREET ADDRESS  | 8271 CRISPY BLVD #4  |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | MIAMI BEACH FL 33141 |  | CITY- ST- ZIP   |  |  |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DERAS, WENDY         |  | NAME  |  |  |
| STREET ADDRESS  | 437 W. 76 ST.        |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | HIALEAH FL 33014     |  | CITY- ST- ZIP   |  |  |
| TITLE   | TS                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MATUTE, MARCO TULIO  |  | NAME  |  |  |
| STREET ADDRESS  | 12300 NW 8TH AVE     |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | NORTH MIAMI FL 33168 |  | CITY- ST- ZIP   |  |  |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DERAS, CARLOS        |  | NAME  |  |  |
| STREET ADDRESS  | 437 W 76 STREET      |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | HIALEAH FL 33014     |  | CITY- ST- ZIP   |  |  |
| TITLE   | VD                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | SAUCEDA, REYNA       |  | NAME  |  |  |
| STREET ADDRESS  | 6311 NW 110 TERR.    |  | STREET ADDRESS  |  |  |
| CITY- ST- ZIP   | HIALEAH FL 33142     |  | CITY- ST- ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                      |  |   |  |  |
| <b>SIGNATURE:</b>   |                      |  | Date: <b>4/29/05</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      |  |   |  |  |