

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90105 041 ****61.25

DOCUMENT # N98000001185 1. Entity Name PLANTATION YOUTH SOCCER LEAGUE INC.					
Principal Place of Business HOMEOWNER INCORPORATE CARROLLWOOD 11380 BROOKGREEN DR. TAMPA, FL 33624				Mailing Address 11380 BROOKGREEN DR. TAMPA, FL 33624	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KHALILI, MOHAMMAD 2727 W. FLETCHER 52B TAMPA, FL 33618				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005				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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	RIVERA, TONY				
STREET ADDRESS	4727 GROVE POINT				
CITY-ST-ZIP	TAMPA, FL 33824				
TITLE	T	<input type="checkbox"/> Delete			
NAME	KHALILI, MOHAMMAD				
STREET ADDRESS	2727 W. FLETCHER 52B				
CITY-ST-ZIP	TAMPA, FL 33618				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MUSTAIN, DENNIS				
STREET ADDRESS	9303 N 20TH STREET				
CITY-ST-ZIP	TAMPA, FL 33612				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	FIELDS, LESLIE				
STREET ADDRESS	6109 N GLEN AVE				
CITY-ST-ZIP	TAMPA, FL 33614				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MUSTAIN, MELISSA				
STREET ADDRESS	9303 N 20TH ST				
CITY-ST-ZIP	TAMPA, FL 33612				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MONTES, SONIA				
STREET ADDRESS	2226 WHISPERING PINES CT				
CITY-ST-ZIP	TAMPA, FL 33604				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		D JOSE CORDERO			
STREET ADDRESS		2026 WHISPERING PINES CT			
CITY-ST-ZIP		TAMPA 33604			
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		D MIKE SMITH			
STREET ADDRESS		15611 TIMBERLINE DR			
CITY-ST-ZIP		TAMPA FL 33624			
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		D MARLONE SOKOL			
STREET ADDRESS		4505 WHITWORTH			
CITY-ST-ZIP		TAMPA FL 33624			
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: M. A. Khalili M. KHALILI 4-3-05 813-960-7537					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					