


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90136 045 \*\*\*\*61.25

<b>DOCUMENT # N98000001185</b> 1. Entity Name <b>PLANTATION YOUTH SOCCER LEAGUE INC.</b>					
Principal Place of Business <b>HOMEOWNER INCORPORATE CARROLLWOOD 11380 BROOKGREEN DR. TAMPA, FL 33624</b>			Mailing Address <b>11380 BROOKGREEN DR. TAMPA, FL 33624</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KHALILI, MOHAMMAD 2727 W. FLETCHER 52B TAMPA, FL 33618</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>P</b>  <b>RIVERA, TONY</b>  <b>4727 GROVE POINT</b>  <b>TAMPA, FL 33624</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>T</b>  <b>KHALI, MOHAMMAD</b>  <b>2727 W. FLETCHER 52B</b>  <b>TAMPA, FL 33618</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>CORDERO, JOSE</b>  <b>2226 WHISPERING PINES CT</b>  <b>TAMPA, FL 33604</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>SMITH, MIKE</b>  <b>15611 TIMBERLINE DR</b>  <b>TAMPA, FL 33624</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>SOKOL, MARLANE</b>  <b>4505 WHITWORTH</b>  <b>TAMPA, FL 33624</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>MONTES, SONIA</b>  <b>2226 WHISPERING PINES CT</b>  <b>TAMPA, FL 33604</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>MARIA GUTIERREZ</b>  <b>2326 SOUTHERN LITES AVE</b>  <b>TAMPA FL 33549</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>RUDDY PIMENTEL</b>  <b>12736 N 17TH ST APT E 212</b>  <b>TAMPA FL 33612</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>RUDDY PIMENTEL</b>  <b>4733 W WATER AVE</b>  <b>TAMPA FL 33614</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>RUDDY PIMENTEL</b>  <b>4733 W WATER AVE</b>  <b>TAMPA FL 33614</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>[Signature]</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <b>4-7-06</b>  <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <b>813-908-5831</b>  <small>Daytime Phone #</small> </div> </div>					