

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2008  
Secretary of State**

DOCUMENT# N99000005422

Entity Name: WEST PINES UNITED FUTBOL CLUB, INC.

**Current Principal Place of Business:**

17326 SW 21ST STREET  
MIRAMAR, FL 33029

**New Principal Place of Business:**

1038 S.W. 191ST LANE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

P O BOX 821443  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

FEI Number: 65-0949896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBREUZE, MIRLENE E  
13566 NW 7TH COURT  
PEMBROKE PINES, FL FL      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: VILLAGRAN, PAT  
Address: 17326 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: VD ( ) Delete  
Name: REYES, JACE  
Address: 974 NW 155TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: JOBSON, RICHARD  
Address: 16184 SW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete  
Name: DUBREUZE, MIRLENE  
Address: 13566 NW 7TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOODMAN, TODD  
Address: 1038 SW 191ST LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Delete  
Name: GOODMAN, TODD  
Address: 1038 SW 191ST LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Delete  
Name: DAL FARRA, PAOLO  
Address: 15840 SW 49TH COURT  
City-St-Zip: MIRAMAR, FL 33027

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: MIRLENE E. DUBREUZE

SD

03/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date