

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007583

FILED
Apr 20, 2005
Secretary of State

Entity Name: BRUSA FUTEBOL CLUB, INC.

Current Principal Place of Business:

7061 GRAND NATIONAL DR
ORLANDO, FL 32819

New Principal Place of Business:

7061 GRAND NATIONAL DR
142
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 691732
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3338124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONCLAVES, JOSE T.
7061 GRAND NATIONAL DR #142
ORLANDO, FL 32819 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: GONCALVES, JOSE T
Address: 4844 CYPRESS WOOD DR #384
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: HERTELL, KEITH
Address: 241 EAST DUDLEY AVENUE
City-St-Zip: WESTFIELD, NJ 07090

Title: VPD () Delete
Name: DEAN, TURNER
Address: 3430 OLEANDER
City-St-Zip: GULF STREAM, FL 33483

Title: STD () Delete
Name: EMLING, CHARLES A IV
Address: 605 CHESDAPEAKE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE THADEU GONCALVES

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date