

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000085248

1. Entity Name
HURRICANE SOCCER ACADEMY, INC.



Principal Place of Business
2368 SW 108 CT
MIAMI, FL 33170

Mailing Address
2368 SW 108 CT
MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1139422	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, RODOLFO
23186 SW 108 CT
MIAMI, FL 33170

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000853104
03/26/08-80056-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TORRES, RODOLFO
STREET ADDRESS	23186 SW 108 CT
CITY-ST-ZIP	MIAMI, FL 33170

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x MARCH 6/08

Date

Daytime Phone #