


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000021533		
1. Entity Name AZZURRI FL SOCCER CLUB, INC.		
Principal Place of Business 1166 SWEET HEATHER LANE APOPKA, FL 32712	Mailing Address 1166 SWEET HEATHER LANE APOPKA, FL 32712	



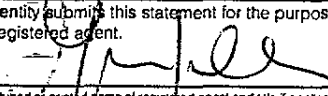
03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1657790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERKSON, GARY M 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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:  DATE: **4/18/05**

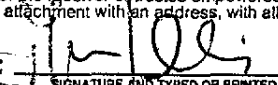
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROLLI, IVANO 1166 SWEET HEATHER LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISAFI, ESTEANO 1166 SWEET HEATHER LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANFRE, MARK A 1166 SWEET HEATHER LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARROCCOLI, FABIO T 1166 SWEET HEATHER LANE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:  **IVANO PROLLI** **4/18/05** **407 6176263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #