2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000063209 1. Entity Name KISSÍMMEE VOLLEYBALL ASSOC., INC.

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90375 039 ***158.75

Principal Place	e of Business	Mailing Address		_				
120 Broadway ave. Suite 202 Kissimmee, Fl. 34741		120 BROADWAY AVE. SUITE 202 KISSIMMEE, FL 34741		14004849				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numbe	-10685	23 N	pplied For ot Applicable	
Zip	Country	Zip	Country	1 —	of Status Desired	\$8.75 Ac Fee Requir		
	6. Name and Address of Current R	legistered Agent	NI	7. Name and	Address of New R	egistered Agent		
PIZARRO, CARLOS			Name	Name				
	DWAY AVE.		Street Address	(P.O. Box Numbe	er is Not Acceptable	o)		
KISSIMME	E, FL 34741		City			FL Zip Co	de	
O The above	and a state of a state of the s	the commence of the commence of the			L :- V - C-4 - 4 - 1	<u> </u>		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of regist	ereo agent, or oct	n, in the State of Fig	orida. Tam iamiliar Wili	, апо ассери	
SIGNATURE_								
5101111101122	Signature, typed or printed hame of registered agent at	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Conti		5.00 May Be Ided to Fees				
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	PD CARLOS	☐ Delete	TRLE			☐ Change	Addition	
NAME STREET ADDRESS	PIZARRO, CARLOS 919 NORTH LAKE CLAIRE CIRC	LE	NAME STREET ADDRESS					
CITY-ST-ZIP	OVIEDO, FL 32765		, CiTY-ST-ZIP					
TITLE	STD	☐ Delete	TITLE	 -		☐ Change	Addition	
NAME	GRAU, GILDA		NAME					
STREET ADDRESS CITY-ST-ZIP	919 NORTH LAKE CLAIRE CIRC OVIEDO, FL 32765	LE	STREET ADDRESS CITY-ST-ZIP					
TITLE	VD	Delete	TITLE			Change	☐ Addition	
NAME	GRAU, IVAN	-	NAME			_ •	_	
STREET ADDRESS CITY-ST-ZIP	919 NORTH LAKE CLAIRE CIRC	LE	STREET ADDRESS CITY-ST-ZIP					
TITLE	OVIEDO, FL 32765	☐ Delete	TITLE			[7] Change	[] Addition	
NAME		☐ Dalaté	NAME			☐ Silange	☐ Vacation	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CiTY-ST-ZIP					
TITLE		Delete	TITLE			Charige	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
City-ST-ZIP			G/TY-ST-7IP					
TITLE		☐ Delete	TITLE			(Change	Addition	
	1							
name Street address			name Street address				:	

12. I heraby 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 or 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 thistee approvered to execute this rescute this report of the corporation or the receiver or thistee approvered to execute this received 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:

- Ausident -SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #