

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90041 010 ***150.00

DOCUMENT # P03000063209

1. Entity Name
KISSIMMEE VOLLEYBALL ASSOC., INC.



Principal Place of Business
929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

Mailing Address
929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1068523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIZARRO, CARLOS PD
929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIZARRO, CARLOS
STREET ADDRESS 929 NORTH LAKE CLAIRE CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE STD
NAME GRAU, GILDA
STREET ADDRESS 929 NORTH LAKE CLAIRE CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VD
NAME GRAU, IVAN
STREET ADDRESS 929 NORTH LAKE CLAIRE CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone # _____

4/17/07