

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063209

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** KISSIMMEE VOLLEYBALL ASSOC., INC.

**Current Principal Place of Business:**

929 NORTH LAKE CLAIRE CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

929 NORTH LAKE CLAIRE CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 86-1068523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** PIZARRO, CARLOS  
**Address:** 929 NORTH LAKE CLAIRE CIRCLE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** STD  
**Name:** GRAU, GILDA  
**Address:** 929 NORTH LAKE CLAIRE CIRCLE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VD  
**Name:** GRAU, IVAN  
**Address:** 929 NORTH LAKE CLAIRE CIRCLE  
**City-St-Zip:** OVIEDO, FL 32765

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CARLOS PIZARRO

PD

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date