2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000123946 1. Entity Name 04-30-2004 90274 028 ***150.00 FUTBOL MASTERS, INC. Principal Place of Business Mailing Address 2200 NORTH FEDERAL HIGHWAY #228 2200 NORTH FEDERAL HIGHWAY #228 94076743 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address GLOBAL 2200 N. FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 228 City & State 4. FEI Number Applied For City & State 04368847 BOG RATION Not Applicable Zip Country \$8.75 Additional Ζip 5. Certificate of Status Desired 54 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME -TAMONEY, BRIAN C Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH FEDERAL HIGHWAY #228 **BOCA RATON FL 33431** Zip Code 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 Signature, typed or gonteb name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete PRESIDENT ☐ Change D TITLE Addition TITLE ELIAS FIGUEROA LEIGHTON, BRIAN NAME NAME 2200 NORTH FEDERAL HWY. # 228 STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY #228 STREET ADDRESS BOCA RATION, FLORIDA 33431 CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33431 VICE PRESIDENT/M Change Addition ☐ Delete TITLE TITLE STEPHEN LEIGHTON NAME 2200 NORTH FEDERAL STREET ADDRESS STREET ADDRESS - HWY. #22B BOCA RATION, FLORIDA CITY-ST-ZIP CITY-ST-ZIP **334** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 paster employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ther like empowered.

OFFICER OR DIRECTOR

STEPHEN LEIGHTON

changed, or on an attachme

SIGNATURE:

FILED