
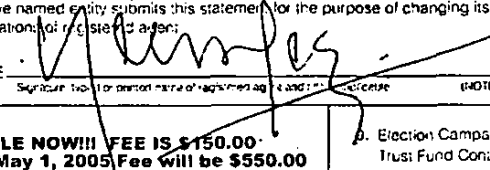
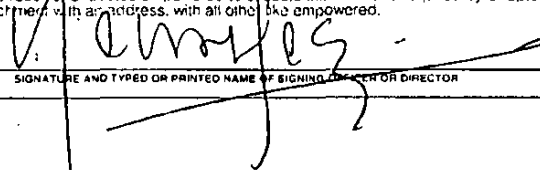


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90049 036 \*\*\*150.00

DOCUMENT # P04000037756			
1. Entity Name LAS AMERICAS SOCCER ACADEMY, CORP.			
Principal Place of Business 6065 NW 167 ST STE B-4 MIAMI, FL 33015		Mailing Address 6065 NW 167 ST STE B-4 MIAMI, FL 33015	
2. Principal Place of Business 2522 W 72 Street Suite, Apt. #, etc.		3. Mailing Address Same AS above Suite, Apt. #, etc.	
City & State Hialeah FL		City & State	
Zip 33016	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ZAPATA, RUBEN D 6065 NW 167 ST STE B-4 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: Hector Pelaez Street Address (P.O. Box Number is Not Acceptable): 2522 W 72 Street City: Hialeah FL Zip Code: 33016	
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 obligation of, the stated agent.			
SIGNATURE: 		DATE: 06-21-05	
<p><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPATA, RUBEN D 6065 NW 167 ST STE B-4 MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELAEZ, HECTOR D 6065 NW 167 ST STE B-4 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Hector Pelaez 2522 W 72 Street Hialeah FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 007, 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 books empowered.			
SIGNATURE: 		DATE: 3/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66023134



03042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0907373 Applied For Not Applicable

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