


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90086 048 \*\*\*150.00

<b>DOCUMENT # P04000064242</b>																																																																																															
<b>1. Entity Name</b> COLLEGIATE SPORTS ASSOCIATES OF SOUTH FLORIDA, INC.																																																																																															
<b>Principal Place of Business</b> 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908			<b>Mailing Address</b> 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908																																																																																												
<b>2. Principal Place of Business - No P.O. Box #</b> 16353 COCO HAMMOCK WAY		<b>3. Mailing Address</b> 16353 COCO HAMMOCK WAY																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
<b>City &amp; State</b> FORT MYERS, FLORIDA		<b>City &amp; State</b> FORT MYERS, FLORIDA		<b>4. FEI Number</b> 86-1108389																																																																																											
<b>Zip</b> 33908		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																											
<b>6. Name and Address of Current Registered Agent</b> BRINDISE, BRENDAN C 12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908			<b>7. Name and Address of New Registered Agent</b> Name: BRENDAN C. BRINDISE Street Address (P.O. Box Number is Not Acceptable): 16353 COCO HAMMOCK WAY City: FORT MYERS FL Zip Code: 33908																																																																																												
<b>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.</b> SIGNATURE: <u>Brendan Brindise</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>4-4-07</u>																																																																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BRINDISE, BRENDAN C</td> <td></td> <td>STREET ADDRESS</td> <td>D.P. BRINDISE, BRENDAN C.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908</td> <td></td> <td>CITY-ST-ZIP</td> <td>16353 COCO HAMMOCK WAY FORT MYERS, FLORIDA 33908</td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6"> </td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	BRINDISE, BRENDAN C		STREET ADDRESS	D.P. BRINDISE, BRENDAN C.		CITY-ST-ZIP	12581 KELLY SANDS WAY APT 512 FT MYERS, FL 33908		CITY-ST-ZIP	16353 COCO HAMMOCK WAY FORT MYERS, FLORIDA 33908								TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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<b>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.</b> SIGNATURE: <u>Brendan Brindise</u> DATE: <u>4-4-07</u>																																																																																															