

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017055

FILED
Sep 08, 2009
Secretary of State

Entity Name: PRO PLAYERS ENTERPRISES, INC.

Current Principal Place of Business:

1348 NW 95 ST. APT. 201
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1348 NW 95 ST. APT. 201
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-3699550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRY, COREY
5470 E. BUSCH BLVD
#459
TEMPLE TERRACE, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURRY, COREY C
Address: 5470 E BUSCH BLVD SUITE 459
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP () Delete
Name: WILLIAMS, MARTELL
Address: 5470 E BUSCH BLVD SUITE 459
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR () Delete
Name: JOHNSON, TOMMY
Address: 5470 E BUSCH BLVD SUITE 459
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, NICOLE A
Address: 1348 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: VP (X) Change () Addition
Name: BROWN, SHAWNNA
Address: 1348 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: MGR (X) Change () Addition
Name: WILLIAMS, MARTEL
Address: 1348 NW 95 ST
City-St-Zip: MIAMI, FL 33147

Title: MGR () Change (X) Addition
Name: CURRY, COREY
Address: 1348 NW 95 ST
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICOLE ANN MARIE BROWN

P

09/08/2009

Electronic Signature of Signing Officer or Director

_____ Date