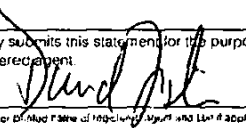
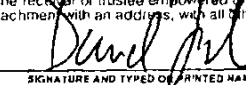


FILED
Aug 15, 2006 8:00 am
Secretary of State

08-01-2006 90002 018 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000081246			
1. Entity Name SOCCER LOCKER, INC.			
Principal Place of Business 9492 S DIXIE HWY MIAMI, FL 33156		Mailing Address 9492 S DIXIE HWY MIAMI, FL 33156	
2. Principal Place of Business •		3. Mailing Address 15625 S.W. 73 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33157			
4. FEI Number 20-4871842		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZIGHELBOIM, DAVID 15625 SW 73 CT MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: 7/13/06 Signature, typed or printed name of registered agent and Law if applicable (NOTE: Registered Agent's signature required when representing)			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIGHELBOIM, DAVID 15625 SW 73 CT MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		7/13/06 305 670 9100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

66023078



07132006 Chg-P CR2E034 (11/05)