2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 14, 2007 8:00 am
Secretary of State
04-25-2007 90043 046 ****50.00

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01102007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
G.A. SOCCER LLC

Principal Place of Business	Mailing Address
18246 COLLINS AVENUE SUNNY ISLES, FL 33160	18246 COLLINS AVENUE SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9577 Harding Ave.	9577 Harding Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside, Fl	City & State: Surfside, Fl
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number 20-5661513 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLAZER, ADRIAN 18246 COLLINS AVENUE SUNNY ISLES, FL 33160	Name: Gleizer, Adrian Street Address (P.O. Box Number is Not Acceptable): 9577 Harding Ave. City: Surfside FL Zip Code 33154

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALCERN, FERNANDO 18246 COLLINS AVENUE SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alpern, Fernando 9577 HARDING AVE SURFSIDE, FL 33154	☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #