

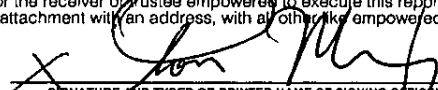


FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M79302				Secretary of State	
1. Entity Name SOCCER MARKETING & PROMOTIONS, INC.					
Principal Place of Business 7444 SW 48 ST MIAMI, FL 33155 US		Mailing Address 7444 SW 48 ST MIAMI, FL 33155 US			
DO NOT WRITE IN THIS SPACE					
		0112008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-0050198		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULROY, TOM 7444 SW 48 ST MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				DATE 05/20/08-80016-003 158.75	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPT MULROY, TOM 7444 S. W. 48TH STREET MIAMI, FL			
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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: 		Date <u>4/24/08</u> 305690101			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>			