## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000419

Entity Name: SOCCER FOR ALL, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2525 PONCE DE LEON BLVD., STE. 400 ATTEN: ALFREDO L. GONZALEZ CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

C/O ALFREDO L. GONZALEZ 2525 PONCE DE LEON BLVD., STE. 400 CORAL GABLES, FL 33134

FEI Number: 20-4119743 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, ALFREDO L. ESQ. 2525 PONCE DE LEON BLVD., STE. 400 ADORNO & YOSS LLP CORAL GABLES, FL 33134 US

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

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GONCALVES, JOSE T
 Name:

 Address:
 9440 BOCA CIRCLE DR.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TORDIN, FABIO
 Name:

 Address:
 6346 NW 113 CT.
 Address:

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PINTO, JULIO C
 Name:

 Address:
 251 CRANDON BLVD., STE. 833
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE T. GONCALVES D 04/09/2009