

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009935

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SOCCER IN THE STREETS SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

999 FAIRFIELD MEADOWS DRIVE  
WESTON,, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

999 FAIRFIELD MEADOWS DRIVE  
WESTON,, FL 33327

**New Mailing Address:**

**FEI Number:** 26-2181294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAVO, GUSTAVO A  
999 FAIRFIELD MEADOWS DRIVE  
WESTON, FL 33327 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRAVO, GUSTAVO A  
Address: 999 FAIRFIELD MEADOWS DRIVE  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete  
Name: SALOMON, DAVID A  
Address: 9617 RIVERSIDE DRIVE, APT. C-7  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: COSTA, MARK  
Address: 999 FAIRFIELD MEADOWS DRIVE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GUSTAVO A. BRAVO

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date