- 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 13, 2008 08:00 A Secretary of State DOCUMENT # N98000002678 1. Entity Name SMALL WORLD SOCCER ACADEMY, INC. Principal Place of Business Mailing Address 251 S.W. 65TH AVENUE 251 S.W. 65TH AVENUE **MIAMI FL 33144** MIAMI FL 33144 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 42-1723064 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUGO, MARICEL Street Address (P.O. Box Number is Not Acceptable) 251 S.W. 65TH AVENUE **MIAMI FL 33144** Zin Code City 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 or registered agent SIGNATURE Signature, typod or pernodinant; of registered agent and the if applicable CATE (NOTE: Bag stored Agent signaruse the tired which rounstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP Totale ☐ Delete HIE ☐ Change Addition LUGO, MARICEL MAINE NAME 251 S.W. 65TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS HAADOO857332 na/a1/08-80009-016 81.25 CITY-ST-ZIP CITY: ST- Z:P TITLE ☐ Delete TITLE Change no:libbA []] NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY - ST - 7:P Change Addition BILL ☐ Datete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY - ST - Z/P Change Addition THILE ☐ Delete TITLE NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change TITLE Delete Tiful Addition NAME NAME STRUET AUDRESS STREET ADDRESS CITY - S1 - Z:P CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by enabter 617, 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:

Alice Lugo Lugo Lugo Supplementation of the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and engaged effect as if made under cath; that the information indicated on this report of the same legal effect as if made under cath; that the information indicated on this report is true and engaged effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by engaged effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by engaged effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by engaged effect as if made under cath in an address. I further certify that the information indicated in the corporation of the section of the corporation of the corporatio