


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005956 1. Entity Name HOMESTEAD SOCCER CLUB, INC.	
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Principal Place of Business 16820 SW 278TH ST HOMESTEAD, FL 33031	Mailing Address 16820 SW 278TH ST HOMESTEAD, FL 33031
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02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 AGRAIT, THOMAS 16820 SW 278TH ST HOMESTEAD, FL 33031

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000670279
03/27/07-80103-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGRAIT, THOMAS 16820 SW 278TH ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PAUL, SCOTT 3741 FLAGLER AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, DEBRA 19800 SW 180TH AVE #564 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 719, 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 305 216 4532
Date Daytime Phone #