


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000050247

1. Entity Name
FLAF SPORTS SERVICES, INC.



FILED
06 MAR -9 AM 9:15

DO NOT WRITE IN THIS SPACE

STATE OF FLORIDA
500067942689
03/15/06--01005--005 **150.00
REINSTATEMENT 05-06
DO NOT WRITE IN THIS SPACE
03-03-06 90110 012 \$150

2. Principal Place of Business <u>9060 NW 38TH PL</u> Suite, Apt. #, etc.		3. Mailing Address <u>9060 NW 38TH PL</u> Suite, Apt. #, etc.	
City & State <u>SUNRISE FL</u>		City & State <u>SUNRISE FL</u>	
Zip <u>33351</u>	Country	Zip <u>33351</u>	Country

4. FEI Number <u>57-1204084</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name LUIS G. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
9060 NW 38TH PLACE

City SUNRISE FL Zip Code 33351

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: X (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>LUIS G. FERNANDEZ</u> <u>9060 NW 38TH PLACE</u> <u>SUNRISE FL 33351</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowers.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FLAF SPORTS SERVICES, INC.
9060 NW 38TH PLACE
SUNRISE FL 33351**

January 1st, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: FLAF SPORTS SERVICES, INC.
DOCUMENT#: P04000050247

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Luis G. Fernandez

LF/re