

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90108 030 ***150.00

DOCUMENT # P06000095714

1. Entity Name
CINCO SOCCER, INC.



Principal Place of Business
**3314 HENDERSON BLVD
SUITE 208
TAMPA, FL 33619**

Mailing Address
**3314 HENDERSON BLVD
SUITE 208
TAMPA, FL 33619**

2. Principal Place of Business - No P.O. Box #

922 W. Beacon Ave.

3. Mailing Address

922 W. Beacon Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33603

Country

USA

Zip

33603

Country

USA

01182007

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2613918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARRETT, HOWARD L
3314 HENDERSON BLVD.
SUITE 208
TAMPA, FL 33619**

7. Name and Address of New Registered Agent

Name **Rados, Keith P.**

Street Address (P.O. Box Number is Not Acceptable)

922 W. Beacon Avenue

City

Tampa

FL

Zip Code

33603

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GARRETT, HOWARD L**
STREET ADDRESS **3314 HENDERSON BLVD. SUITE 208**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/owner** ☐ Change ☒ Addition
NAME **Rados, Keith P.**
STREET ADDRESS **922 W. Beacon Avenue**
CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

01-19-07 813/251-9766

Date

Daytime Phone #