2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SI

SIGNATURE?

May 02, 2008 8:00 am Secretary of State DOCUMENT # P07000052054 05-02-2008 90145 050 ***158.75 1. Entity Name UNITED SOUTH SOCCER CORP. Principal Place of Business Mailing Address 40000000 9950 SW 104TH ST. 9950 SW 104TH ST. MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6311 SW 138 COURT 6311 SW 138 COURT Suite, Apt. #, etc. UNIT # 7 Suite, Apt. #, etc. 04292008 CR2E034 (12/06) <u>UNIT</u> # 7 Applied For City & State City & State 4. FEI Number MIAMI, F L MIAMI, Not Applicable 26-2502963 Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired U.S. 33183 U. S. A. 33183 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAVEZ, MOISES Street Address (P.O. Box Number is Not Acceptable) 9950 SW 104TH ST. MIAMI, FL 33176 .-Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PDChange ☐ Delete TITLE TITLE CHAVEZ, MOISES 'IAME CHAVEZ, MOISES NAME 6311 SW 138 COURT, UNIT # 7 9950 SW 104TH ST. STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIF MIAMI, FL 33183 Change Accition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP C:TY-ST-Z/P ☐ Change Accition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 eath; 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

MOISES CHAVEZ VILLEGEA PD 04-29- DB 186) 122-

FILED