I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DIRECTOR

#### SIGNATURE: MATIAS ASOREY

Electronic Signature of Signing Officer/Director Detail

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P15000068458

Entity Name: MJA SOCCER, CORP

#### **Current Principal Place of Business:**

8150 SW 72ND AVE 1814 MIAMI, FL 33143

#### **Current Mailing Address:**

13790 SW 147 CIRCLE LANE #1 UNIT #1 MIAMI, FL 33186

#### FEI Number: 47-4790596

#### Name and Address of Current Registered Agent:

STANFIELD, PETER 7340 SW 48 ST SUITE 107 MIAMI, FL 33155 US

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.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

TitlePRESIDENT, DIRECTORNameASOREY, MATIAS JAddress13790 SW 147 CIRCLE LANE #1

City-State-Zip: MIAMI FL 33186

FILED Jul 31, 2017 Secretary of State CC0176477696

Certificate of Status Desired: No

Date

07/31/2017 Date