
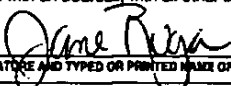


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90061 043 \*\*\*150.00

|   |                 |  |  |   |  |
|---|-----------------|--|--|---|--|
| <b>DOCUMENT # N04000009865</b>  |                 |  |  |  |  |
| 1. Entity Name<br><b>TAMIAMI RANGERS BASEBALL CLUB, CORP.</b>   |                 |  |  |   |  |
| Principal Place of Business<br><b>2745 NW 22 AVE<br/>MIAMI, FL 33142</b>  |                 | Mailing Address<br><b>2745 NW 22 AVE<br/>MIAMI, FL 33142</b>                     |  |   |  |
| 2. Principal Place of Business  |                 | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                 | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                 | City & State   |  |   |  |
| Zip   | Country         | Zip  | Country  | 4. FEI Number<br><b>20-1831313</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent<br><b>ARVESU, MANUEL E SQ<br/>201 ALHAMBRA CIR<br/>STE 502<br/>CORAL GABLES, FL 33134</b>   |                 |  | 7. Name and Address of New Registered Agent        |   |  |
| Name  |                 |  | Name   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                 |  | Street Address (P.O. Box Number is Not Acceptable) |   |  |
| City  |                 |  | City   |   |  |
|   |                 |  | <b>FL</b>  |   |  |
| Zip Code  |                 |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)</small>   |                 |  |  |   |  |
| Filing Fee is <b>\$81.25</b><br>Due by <b>May 1, 2005</b>   |                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |                 |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                 |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |
| TITLE   | D               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                      |
| NAME  | ROQUE, FELIX    |  | NAME   |   |  |
| STREET ADDRESS  | 2745 NW 22 AVE  |  | STREET ADDRESS                                     |   |  |
| CITY-ST-ZIP   | MIAMI, FL 33142 |  | CITY-ST-ZIP  |   |  |
| TITLE   | S               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                      |
| NAME  | RUGA, JANE      |  | NAME   |   |  |
| STREET ADDRESS  | 2745 NW 22 AVE  |  | STREET ADDRESS                                     |   |  |
| CITY-ST-ZIP   | MIAMI, FL 33142 |  | CITY-ST-ZIP  |   |  |
| TITLE   |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                      |
| NAME  |                 |  | NAME   |   |  |
| STREET ADDRESS  |                 |  | STREET ADDRESS                                     |   |  |
| CITY-ST-ZIP   |                 |  | CITY-ST-ZIP  |   |  |
| TITLE   |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                      |
| NAME  |                 |  | NAME   |   |  |
| STREET ADDRESS  |                 |  | STREET ADDRESS                                     |   |  |
| CITY-ST-ZIP   |                 |  | CITY-ST-ZIP  |   |  |
| TITLE   |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                      |
| NAME  |                 |  | NAME   |   |  |
| STREET ADDRESS  |                 |  | STREET ADDRESS                                     |   |  |
| CITY-ST-ZIP   |                 |  | CITY-ST-ZIP  |   |  |
| 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 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:   |                 | 4/7/05   |  | 305 740-9654  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR   |                 | Date   |  | Daytime Phone #   |  |

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04062005 Chg-NP CR2E037 (10/03)