2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Lewis Sellars Ja

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 10, 2004 8:00 am Secretary of State **DOCUMENT # 711940** 1. Entity Name 05-10-2004 90451 001 ****61 25 SOUTH MIAMI YOUTH BASEBALL LEAGUE, INC. Principal Place of Business Mailing Address 6100 SW 67TH AVE SOUTH MIAMI FL 33143 US 5927 S.W. 70TH STREET P. O. BOX 430891 SOUTH MIAMI FL 33243-0891 2. Principal Place of Business 3. Mailing Address D Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 23-7126774 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SELLARS, JR., LEWIS 6525 SW 61ST STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ☐ Delete ☐ Addition SELLARS, JR., LEWIS NAME NAME Lewis Sellars Jr. 18 6525 SW 61ST STREET STREET ADDRESS STREET ADDRESS 4390 S.W. 73rd Avenue Miami, FL 33155 MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIE Miani. FL Delete TITLE ☐ Change ☐ Addition TITLE DUCNAS, RAMON NAME 6525 SW 61ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP D 🔀 Change ☐ Delete TITLE ☐ Addition SORIA, RAMON Ramon Somia NAME NAME 6525 SW 61ST STREET STREET ADDRESS 4390 S.W. 73rd Avenue STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33155 Addition ☐ Delete TITLE Change TITLE D P NAME Stuart McGregor STREET ADDRESS STREET ADDRESS 4390 S. W. 73rd Avenue CITY-ST-ZIP CITY-ST-ZIP Miami Ft. 33155 ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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.

FILED

4/27/2004

(305) 961-9408

Daytime Phone #