


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

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90353 048 \*\*\*\*61.25

<b>DOCUMENT # 750768</b> 1. Entity Name <b>FEDERACION DE PELOTEROS PROFESIONALES CUBANOS, INC.</b>	
--	---

Principal Place of Business <b>3601 S.W. 87 COURT MIAMI, FL 33165</b>	Mailing Address <b>3601 S.W. 87 COURT MIAMI, FL 33165</b>
--	--

DO NOT WRITE IN THIS SPACE



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2029636</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>HEVIA, JOSE R 3601 SW 87 COURT MIAMI, FL 33165</b>
--

DO NOT WRITE  
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LLANES, ARMANDO 11862 SW 37 TERR MIAMI, FL 33122</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GARMENDIA, OSCAR 9340 W FLAGLER ST #102 MIAMI, FL 33175</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HEVIA, JOSE R 3601 S.W. 87 COURT MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FLEITAS, ANDRES 14765 SW 47 TERRACE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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.	
<b>SIGNATURE:</b> <i>Jose R. Hevia, Tesorero</i>	Date: <i>25/4/05</i> Time: <i>305 228-3928</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	