

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002872

1. Entity Name
YAYABO BASEBALL ACADEMY, INC.



Principal Place of Business

430 72 ST
#10
MIAMI, FL 33141

Mailing Address

WEST END PARK, 250 S.W. 60TH AVE.
MIAMI, FL 33144



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BODE, JUAN
430 72 STREET
#10
MIAMI, FL 33141

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BODE, JUAN
STREET ADDRESS 430 72 STREET #10
CITY-ST-ZIP MIAMI, FL 33141

TITLE SD
NAME DOMINGO, ASEEFF
STREET ADDRESS 202 NW 34 AVE.
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD
NAME BODE, CENAI DA
STREET ADDRESS 430 72 ST #10
CITY-ST-ZIP MIAMI, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

119.07(3)(i) 02/03/04-80032-005 61.45

**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.

SIGNATURE: *Juan Bode*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-04

Date

Daytime Phone #