

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

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

04-25-2005 90215 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N00000002872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                           |
| 1. Entity Name<br><b>YAYABO BASEBALL ACADEMY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                                                                                            |
| Principal Place of Business<br><b>430 72 ST<br/>#10<br/>MIAMI, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            | Mailing Address<br><b>WEST END PARK, 250 S.W. 60TH AVE.<br/>MIAMI, FL 33144</b>                                            |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>BODE, JUAN<br/>430 72 STREET<br/>#10<br/>MIAMI, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                            |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>BODE, JUAN<br>430 72 STREET #10<br>MIAMI, FL 33141   |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SD<br>DOMINGO, ASEEFF<br>202 NW 34 AVE.<br>MIAMI, FL 33126 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VD<br>BODE, CENAIDA<br>430 72 ST #10<br>MIAMI, FL 33141    |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 I's empowered. |                                                            |                                                                                                                            |
| SIGNATURE: <u>Juan Bode</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            | <u>05/22/05</u>                                                                                                            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | <small>Date Daytime Phone #</small>                                                                                        |



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|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1007687</b>                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                                                        |

**DO NOT WRITE  
IN THIS SPACE**