

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90030 026 \*\*\*\*61.25

**DOCUMENT # N00000004950**

**1. Entity Name**  
**EAGLES BASEBALL BOOSTERS, INC.**



**Principal Place of Business**  
**11470 SW 56TH STREET**  
**MIAMI, FL 33165**

**Mailing Address**  
**11470 SW 56TH STREET**  
**MIAMI, FL 33165**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006

Chg-NP

CR2E037 (11/05)

**4. FEI Number**  
**65-1031961**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RODRIGUEZ, G PASTOR**  
**11470 SW 56TH STREET**  
**MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, G PASTOR	
STREET ADDRESS	11470 SW 56TH STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, PETER	
STREET ADDRESS	15855 SW 84 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, NURY	
STREET ADDRESS	3310 SW 88TH PLACE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	OCHOA, LOURDES	
STREET ADDRESS	10321 SW 27 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesus Valdes	
STREET ADDRESS	9530 SW 44th Street	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Lourdes Ochoa*

**Lourdes Ochoa 1/17/06 (305) 358-2727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #