

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005836

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: DADE COUNTY CPA SOFTBALL LEAGUE, INC.

## Current Principal Place of Business:

8410 NW 53RD TERRACE  
100  
DORAL, FL 33166 US

## Current Mailing Address:

8410 NW 53RD TERRACE  
100  
DORAL, FL 33166 US

## New Principal Place of Business:

8600 NW 53RD TERRACE  
201  
DORAL, FL 33166 US

## New Mailing Address:

8600 NW 53RD TERRACE  
201  
DORAL, FL 33166 US

FEI Number: 65-1047174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PANEL, ELIEZER  
8410 NW 53RD TERRACE  
100  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

PANEL, ELIEZER  
8600 NW 53RD TERRACE  
201  
DORAL, FL 33166 US

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.

SIGNATURE: ELIEZER PANEL

04/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 8211 W. BROWARD BLVD., SUITE PH #1  
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Delete  
Name: PANEL, ELIEZER  
Address: 8410 NW 53RD TERRACE, SUITE 100  
City-St-Zip: DORAL, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PANEL, ELIEZER  
Address: 8600 NW 53RD TERRACE, ST 201  
City-St-Zip: DORAL, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIEZER PANEL

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date