


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007737
1. Entity Name
PINECREST SEA DOGS BASEBALL CLUB, INC.



Principal Place of Business Mailing Address
3225 AVIATION AVE., THIRD FLOOR 3225 AVIATION AVE., THIRD FLOOR
MIAMI, FL 33133 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1152012 Not Applicable

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

6. Name and Address of Current Registered Agent
FIGUEREDO, LUIS R ESQ.
3225 AVIATION AVE., 3RD FLOOR
MIAMI, FL 33133

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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)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000171808
09/08/04-80006-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEREDO, LUIS R 3225 AVIATION AVE., THIRD FLOOR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMAN, JAY 6420 S.W. 135TH DR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SARASON 8510 SW 145 ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Luis R. Figueredo Date: 9/1/04 Daytime Phone #: 305-854-5353