


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008195

1. Entity Name
 CORAL GABLES POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business
 2801 SALZEDO ST.
 CORAL GABLES, FL 33134

Mailing Address
 2801 SALZEDO ST.
 CORAL GABLES, FL 33134



02072008 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 01-0563744

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARTA, BART T.
 2801 SALZEDO ST.
 CORAL GABLES, FL 33134

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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 **May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GINN, MARK 2801 SALZEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PICKERING, HARRY S 2801 SALZEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARTA, BART T 2801 SALZEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, JOSE 2801 SALZEDO ST. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAWERENCE, BRIAN 2801 SALZEDO ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000433092
 02/24/06-80002-006 70.00

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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: Bart T. Barta **BART T. BARTA** 02/02/06 (305) 441-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #