


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N02000002682 1. Entity Name TAMIAMI YOUTH STARS BASEBALL TEAM, INC. |  |
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| Principal Place of Business 295 NW 125 AVE MIAMI, FL 33182 | Mailing Address 295 NW 125 AVE MIAMI, FL 33182 |
|--|--|



04292004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 04-3639890 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$9.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent RODRIGUEZ, JOEL 295 NW 125 AVE MIAMI, FL 33182 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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 RODRIGUEZ, JOEL 295 NW 125 AVE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD RODRIGUEZ, GISELYS 295 NW 125 AVE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PALENZUELA, LILIANA 10633 SW 22 TERRACE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1000000160537
05/17/04-80002-016 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **Joel Rodriguez** 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #