


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004020 1. Entity Name STRIKE 3 UMPIRES ASSOCIATION INC	
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Principal Place of Business 7243 NORTHBRIDGE BLVD TAMPA, FL 33615	Mailing Address 7243 NORTHBRIDGE BLVD TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1677067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, JULIO 7243 NORTHBRIDGE BLVD TAMPA, FL 33615	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000814174 02/13/08-80033-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JULIO 7243 NORTHBRIDGE BLVD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SANTIAGO, CHARLIE DIR 15518 LAKE GRACE DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RODRIGUEZ, LORRAINE DIR 7243 NORTHBRIDGE BLVD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RODRIGUEZ, OSVALDO DIR 7243 NORTHBRIDGE BLVD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Julio C. Rodriguez 1-30-08 813-882-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #