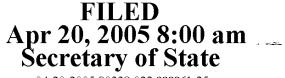
## 2005 NOT-FOR-PROFIT CORPORATION

## \_ANNUAL\_REPORT (AR) DOCUMENT # N02000006581



Daytime Phone #

1. Entity Name				435	04-20-2005 90	228 022 ***	*61.25	
TOROS SOFTBALL LEAGUE INC.					04-20-2003 90	0336 022	01.23	
Principal Plac	e of Business	Mailing Address						
15400 SW 81 CIR LANE, STE 107		15400 SW 81 CIR LANE, STE 107						
#107 MAMI FL 33193		# 107 MIAMI FL 33193						
M:AM: FL 33193		WIAWITE 33133						
2. Principal Place of Business		3. Mailing Address			I ISBARRE CH ENILE MEM NUMBER	88    88    88  8 8   <del>8</del>		III. EI IEEL
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E037 (	10/04)	
City & State		City & State			4. FEI Number 65-118468	6		plied For t Applicable
Žip	Country	Zip	Country		•	_ \$8	.75 Add	- ' '
, 	, , , , , , , , , , , , , , , , , , ,	,	•		5. Certificate of Status Desired		Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	INAME				
154	ĴESÚS, RAFAEL 00 SW 81 CIR LANE, STE 10	Street Addres		dress (F	(P.O. Box Number is Not Acceptable)			
MIAMI FL 33193								
			City			FL	Zip Code	3
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 Signature, popular printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61:25  Due By May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.  State  Added to Fees  Make Check Payable to Florida Department of State								
10.	OFFICERS AND DIRE	ECTORS	11.	А	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN	10
TITLE **	P	☐ Delete	TITLE				] Change	☐ Addition
NAME	DE JESUS, RAFAEL		NAME					
STREET ADDRESS CITY-ST-ZIP	15400 SW 81 CIR LANE, STE 107 MIAMI FL 33193		STREET ADDRESS CITY-ST-ZIP					
	V	€th s	<u> </u>	<u>``</u>	100 C Abo	E11 -	1 Change	TTT A AMINIAN
TITLE NAME	CAMANCHO, ELVIS	Delete	: TITLE : NAME	PΕ	DICO C. PIONO	-, -	Change	Addition
_SIREET_ADDRESS.	15680 SW 82 CIR LANE # 82	المسترات المهيدان بالمسترات	STREET ADDRESS.	200		<u>Cilcle</u>	<del></del>	76
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	NO	eth mysmi F	63317	19	
TITLE	S	Delete	TITLE	AI	tredo CA	っナノレレロロ	] Change	Addition
NAME	RODRIGUEZ, DIMAS	'	NAME	104	100 NW 30	PC		′
STREET ADDRESS CITY-ST-ZIP	6122 NW 41 ST- CORAL SPRINGS FL 33067	- Anna Comment	STHEET ADDRESS CITY-ST-ZIP	m	100 NW 30 1AM1, K 33	147		
TITLE	S	Delete	TITLE	-//	1411/1		Change	☐ Addition
NAME	CEBALLO, JOSE	□ Delem	NAME			_	,	
STREET ADDRESS	8810 FOUNTAINEBLAU BLVD #305	5	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				] Change	Addition
NAME STREET ARRESSES			NAME CYPEET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				] Change	Addition
NAME		CT Oelets	NAME				, unanyo	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption state	ed in Sec	ction 119.07(3)(i), Florida Statutes	. I further certify	that the in	formation
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.								