

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90338 022 \*\*\*\*61.25

**DOCUMENT # N02000006581**



1. Entity Name

**TOROS SOFTBALL LEAGUE INC.**

Principal Place of Business

**15400 SW 81 CIR LANE, STE 107  
# 107  
MIAMI FL 33193**

Mailing Address

**15400 SW 81 CIR LANE, STE 107  
# 107  
MIAMI FL 33193**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**65-1184686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE JESUS, RAFAEL  
15400 SW 81 CIR LANE, STE 107  
MIAMI FL 33193**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Rafael de Jesus*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*04/12/05*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **DE JESUS, RAFAEL**  
STREET ADDRESS **15400 SW 81 CIR LANE, STE 107**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **CAMANCHO, ELVIS**  
STREET ADDRESS **15680 SW 82 CIR LANE # 82**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☒ Addition  
NAME **PEDRO C. ABREY**  
STREET ADDRESS **20078 N.E. 6 Circle**  
CITY-ST-ZIP **North Miami, FL 33179**

TITLE **S** ☒ Delete  
NAME **RODRIGUEZ, DIMAS**  
STREET ADDRESS **6122 NW 41 ST**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☒ Addition  
NAME **ALFREDO CASTILLO**  
STREET ADDRESS **10400 NW 30 PL**  
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **S** ☐ Delete  
NAME **CEBALLO, JOSE**  
STREET ADDRESS **8810 FOUNTAINEBLAU BLVD #305**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rafael de Jesus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/05 3059703045*

Date

Daytime Phone #