

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003278

FILED
Apr 29, 2007
Secretary of State

Entity Name: MIAMI LADY CANES SOFTBALL, INC.

Current Principal Place of Business:

4944 SW 140 CT
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

4944 SW 140 CT
MIAMI, FL 33175

New Mailing Address:

FEI Number: 51-0460126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, HERMINIA C
4944 SW 140 CT
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OWENS, SR., HENRY J PRES
Address: 4944 SW 140 COURT
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: GARCIA, JR., JOSEPH A VP
Address: 4944 SW 140 COURT
City-St-Zip: MIAMI, FL 33175

Title: S/T () Delete
Name: OWENS, HERMINIA C S/T
Address: 4944 SW 140 COURT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY J OWENS SR

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date