2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N04000000545 04-18-2005 90340 036 ****61.25 WEST BOCA TRAVEL BASEBALL, INC. Principal Place of Business Mailing Address 7301-AWL PALMETTO PARK RD. 7301-A W. PALMETTO PARK RD. 50038415 SUITE 3058 SUITE 305C BOCA RAPON, FL 33453 BOCA RATON, FL 39433 3. Mailing Address (257) Yaxley 2. Principal Place of Business DRIVE 12571 YARDRY Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-NP CR2E037 (10/03) Applied For 4. FFI Number BUCA RATON HORIDA FORIDA 650939487 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33428 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dominick LAUDIA MCMAPION, BRIAN K 7301-A W. PAYMETTO PARK RD. SUITE 3050 Street Address (P.O. Box Number is Not Acceptable) BOCA BATON, FL 83433 YARDIEY Zip Code BOCA RATON <u>33428</u> 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 registeres age SIGNATURE (NOTE: Recistered Agent signature required when reinstating) Signeture, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete Vice President Addition TITLE ☐ Change Richard Contrulty 10805 Dorchester Deive BRIAN McMAKON 7301-A WPAIMETTO PACK RD NAME NAME STREET ADDRESS STREET ADDRESS 33×33 SUITE 305C, BOLA RATON FI BOCA RATION, FL 33428 CITY-ST-789 CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ше ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS 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. 561-883-9001 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 18, 2005 8:00 am