2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000001332

Entity Name: CS BALLAS' BASKETBALL CLUB, INC.

Current Principal Place of Business:

11470 NW 56TH DRIVE
SUITE 103
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

11470 NW 56TH DRIVE
SUITE 103
SUITE 103, FL 33076

New Mailing Address:

11470 NW 56TH DRIVE
SUITE 103
CORAL SPRINGS, FL 33076

FEI Number: 38-3651902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIVES, LOUIS
11470 NW 56TH DRIVE
SUITE 103
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

STAN L. RISKIN, P.A.
8000 PETERS ROAD
SUITE A-200
PLANTATION, FL 33324 US

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: STAN L. RISKIN 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIVES, LOUIS
Address: 11470 NW 56TH DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: VIVES, JUANITA A
Address: 11470 NW 56TH DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TR ( ) Delete
Name: VIVES, LOUIS
Address: 11470 NW 56TH DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S ( ) Delete
Name: VIVES, JUANITA A
Address: 11470 NW 56TH DRIVE, SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33076

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUANITA A. VIVES VP 04/29/2005
Electronic Signature of Signing Officer or Director Date