

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90102 023 \*\*\*\*61.25

<b>DOCUMENT # N04000005595</b>					
<b>1. Entity Name</b> SOUTH FLORIDA GIANTS BASEBALL, INC.					
<b>Principal Place of Business</b> 15628 63RD PL N LOXAHATCHEE, FL 33470			<b>Mailing Address</b> 15628 63RD PL N LOXAHATCHEE, FL 33470		
<b>2. Principal Place of Business - No P.O. Box #</b> 105 Cuyahoga Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 105 Cuyahoga Rd Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Worth, FL		<b>City &amp; State</b> Lake Worth, FL		<b>4. FEI Number</b> 02-0484195	
<b>Zip</b> 33467		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRAY, GAIL 15628 63RD PL N LOXAHATCHEE, FL 33470				<b>7. Name and Address of New Registered Agent</b> Name: LIZ Osborn Street Address (P.O. Box Number is Not Acceptable): 105 Cuyahoga Rd. City: Lake Worth FL Zip Code: 33467	
<b>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.</b> SIGNATURE: <u>Liz Osborn</u> <u>Liz Osborn, D/T/S</u> <u>4/29/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> UNDERWOOD, TOM <b>STREET ADDRESS</b> 13549 83RD LN N <b>CITY-ST-ZIP</b> W PALM BCH, FL 33412	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Sam Cohen <b>STREET ADDRESS</b> 230 Akron Rd. <b>CITY-ST-ZIP</b> Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> COHEN, STEPHANIE <b>STREET ADDRESS</b> 4807 BLUE PINE CIRCLE <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Stephanie Cohen <b>STREET ADDRESS</b> 230 Akron Rd. <b>CITY-ST-ZIP</b> Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> GRAY, GAIL <b>STREET ADDRESS</b> 15628 63RD PL N <b>CITY-ST-ZIP</b> LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> OSBORN, LIZ <b>STREET ADDRESS</b> 105 CUYAHOGA RD <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> TSD <b>NAME</b> Liz Osborn <b>STREET ADDRESS</b> 105 Cuyahoga Rd <b>CITY-ST-ZIP</b> Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Sam Cohen</u> <u>4/29/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					