

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
Secretary of State**

DOCUMENT# N05000000629

Entity Name: MIAMI RIVER DOGS BASEBALL, INC.

Current Principal Place of Business:

9433 SW 125 TERRACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9433 SW 125 TERRACE
MIAMI, FL 33176

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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: D () Delete
Name: SANCHEZ, CARMEN R
Address: 9433 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SANCHEZ, CARMEN V
Address: 9433 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: TELJELO, MARIA D
Address: 9433 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176

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 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: CARMEN SANCHEZ

D

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date