

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011343

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA MIRACLE LEAGUE, INC.

**Current Principal Place of Business:**

1580 LACOSTA DRIVE WEST  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1580 LACOSTA DRIVE WEST  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 42-1683911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRAUS, ARNOLD M JR.  
10081 PINES BOULEVARD  
SUITE C  
PEMBROKE PINES, FL 33024 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: PD ( ) Delete  
Name: GERTNER, HOWARD N  
Address: 1580 LACOSTA DRIVE WEST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD ( ) Delete  
Name: GRITTA, VINCENT  
Address: 17053 N.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD ( ) Delete  
Name: SALCEDA, MARIO  
Address: 19090 S.W. 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: GRIPPA, VINCENT  
Address: 17053 N.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

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: HOWARD GERTNER

PD

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date