2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011099

FILED Mar 01, 2009 Secretary of State

Entity Name: WESTON FAGLES BASEBALL ACADEMY INC.

Current Principal Place of Business: 16475 GOLF CLUB RD. 102 WESTON, FL 33326 Current Mailing Address: New Mailing Address: Current Mailing Address: New Mailing Address:						
MESTON, FL 33326 Current Mailing Address: New Mailing Address: Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Name: Na	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: 16475 GOLF CLUB RD. 102 WESTON, FL 33326 FEI Number: 02-0790969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POUSA, EMILIO 16475 GOLF CLUB RD. 102 WESTON, FL 33326 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Name: POUSA, EMILIO Name: 16475 GOLF CLUB ROAD, #102 Address: 16475 GOLF CLUB ROAD, #102 Address: 16475 GOLF CLUB ROAD, #102 Name: ROJAS, YAURY Name: ROJAS, YAURY Name: ROJAS, YAURY Name: Horizontal Road Road Road Road Road Road Road Road		LF CLUB RD.				
16475 GOLF CLUB RD. 102 WESTON, FL 33326 FEI Number: 02-0790969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: POUSA, EMILIO 16475 GOLF CLUB RD. 102 WESTON, FL 33326 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: Name: POUSA, EMILIO Name: POUSA, EMILIO Name: POUSA, EMILIO Name: POUSA, EMILIO Name: ROJAS, YAURY Name: ROJAS, YAURY Address: 16475 GOLF CLUB ROAD, #102		, FL 33326				
WESTON, FL 33326 FEI Number: 02-0790969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POUSA, EMILIO 16475 GOLF CLUB RD. 102 WESTON, FL 33326 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Title: () Change () Addition Name: POUSA, EMILIO Name: POUSA, EMILIO Address: 16475 GOLF CLUB ROAD, #102 City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 Address: 16475 GOLF CLUB ROAD, #102	Current M	lailing Addre	ss:	New Mailing Addres	s:	
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Name and Address of Current Registered Agent: POUSA, EMILIO 16475 GOLF CLUB RD. 102 WESTON, FL 33326 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date		, FL 33326				
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: D () Delete Name: POUSA, EMILIO Address: 16475 GOLF CLUB ROAD, #102 City-St-Zip: WESTON, FL 33326 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: Address:	SIGNATU		nic Signature of Registered Ag	ent	 Date	
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	Name: Address:	ROJAS, YAUR 16475 GOLF C	Y CLUB ROAD, #102	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: EMILIO POUSA D 03/01/2009