


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N07420
1. Entity Name
TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 65-1751
MIAMI, FL 33165 US

Mailing Address
POST OFFICE BOX 65-1751
MIAMI, FL 33165 US



01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2500682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, RAUL
11525 SW 33 TERRACE
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000215449
02/05/05-80008-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTRADA, RAUL 11525 SW 33 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSADA, ANGEL 67 N.W. 75 AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCEDES, CASALS 948 NW 128 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUENO, RAMON 10235 S.W. 26 TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALFREDO, LLAGUNO 10800 S.W. 32 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____ **1/3/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #