



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90181 019 \*\*\*\*61.25

<b>DOCUMENT # N07420</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2500682	
Zip		Country		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			7. Name and Address of New Registered Agent		
ESTRADA, RAUL 11525 SW 33 TERRACE MIAMI, FL 33165			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTRADA, RAUL	NAME			
STREET ADDRESS	11525 SW 33 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POSADA, ANGEL	NAME	VP		
STREET ADDRESS	67 N.W. 75 AVENUE	STREET ADDRESS	LUIS QUINTERO		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	13415 SW 28 STREET MIAMI, FL 33175		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERCEDES, CASALS	NAME			
STREET ADDRESS	948 NW 128 PL	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUENO, RAMON	NAME	T		
STREET ADDRESS	10235 S.W. 26 TERR.	STREET ADDRESS	ALEJANDRO CASALS		
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	948 NW 128 PLACE MIAMI, FL 33182		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFREDO, LLAGUNO	NAME			
STREET ADDRESS	10800 S.W. 32 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: 		RAUL ESTRADA		2/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (305) 225-3256	