


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 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

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2500682 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ESTRADA, RAUL
11525 SW 33 TERRACE
MIAMI, FL 33165

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

Filing Fee is \$61.25
Due by May 1, 2008

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

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	S MERCEDES, CASALS 948 NW 128 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASALS, ALEJANDRO 948 NW 128 PLACE MIAMI, FL 33182
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	VP QUINTERO, LUIS 13415 SW 28 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1/14/08 (305) 225 3256**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #