

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000581

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** MIRAMAR CANES TRAVEL BASEBALL, INC.

**Current Principal Place of Business:**

4105 SW 148TH TERRACE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

4105 SW 148TH TERRACE  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 26-1822517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMOS, GISELLE C  
17754 SW 47TH STREET  
MIRAMAR, FL 33029 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: P ( ) Delete  
Name: ACOSTA, PEDRO  
Address: 4105 SW 148TH TERRACE  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: ACOSTA, KAREN  
Address: 4105 SW 148TH TERRACE  
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete  
Name: VARONA-PEREIRA, MONICA  
Address: 5030 SW 163RD AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: M ( ) Delete  
Name: LOPEZ, UBALDO  
Address: 17754 SW 47TH ST  
City-St-Zip: MIRAMAR, FL 33029

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

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

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

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

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

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: UBALDO LOPEZ

M

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date