

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005084

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** WOLVERINE BASEBALL ACADEMY, INC.

**Current Principal Place of Business:**

5850 SOUTH PINE ISLAND ROAD  
DAVIE, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

856 VISTA MEADOWS DRIVE  
WESTON, FL 33327 US

**New Mailing Address:**

4791 SW 82ND AVENUE, SUITE #61  
DAVIE, FL 33328 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, JOANN  
856 VISTA MEADOWS DRIVE  
WESTON, FL 33327 US

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

ROQUE, HUMBERTO  
4791 SW 82ND AVENUE, SUITE #61  
DAVIE, FL 33328 US

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: HUMBERTO ROQUE

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOLINA, IRIS  
Address: 4791 SW 82ND AVENUE, SUITE #61  
City-St-Zip: DAVIE, FL 33328 US

Title: V  
Name: HUMBERTO, ROQUE  
Address: 4791 SW 82ND AVE SUITE, SUITE #61  
City-St-Zip: DAVIE, FL 33328 US

Title: T  
Name: CHERRY, JAMAAL  
Address: 4791 SW 82ND AVE SUITE, SUITE #61  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: HUMBERTO ROQUE

P

03/15/2011

Electronic Signature of Signing Officer or Director

Date