


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N10957, -	
1. Entity Name MIAMI WAVES SOFTBALL ASSOCIATION, INC.	

Principal Place of Business 1736 S.W. 131 PL CIRCLE S. MIAMI, FL 33175	Mailing Address 1736 S.W. 131 PL CIRCLE S. MIAMI, FL 33175
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2572528	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ, MARIA 1736 S.W. 131 PL CIRCLE S. MIAMI, FL 33175
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	D LEW, JACK 8995 S.W. 58TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PARKS, LARRY 7460 S.W. 130 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKS, SHERRY 7460 S.W. 130 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DORADO, TONY 115 SW 103RD CT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALVAREZ, MARIA 1736 SW 131 PL CIRCLE S. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/04-80036-022 61.25

**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)(i), 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: Maria Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 305 559-7865
Date Daytime Phone #