

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 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



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2572528

Applied For  
Not Applicable

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

**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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	

000000176290  
01/10/05-80083-016 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)(f), 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

MARIA ALVAREZ 1/6/05 305594-1715  
Date Daytime Phone #