

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 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**



01052007 No Chg-NP CR2E037 (4/06)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000578859
01/08/07-80045-025 61.25**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Alvarez
1/5/07 305 775-3478