

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10957

FILED
Jan 30, 2009
Secretary of State

Entity Name: MIAMI WAVES SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

1736 S.W. 131 PL CIRCLE S.
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

1736 S.W. 131 PL CIRCLE S.
MIAMI, FL 33175

New Mailing Address:

FEI Number: 59-2572528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MARIA
1736 S.W. 131 PL CIRCLE S.
MIAMI, FL 33175 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: D () Delete
Name: LEW, JACK
Address: 8995 S.W. 58TH ST
City-St-Zip: MIAMI, FL 33156

Title: C () Delete
Name: PARKS, LARRY
Address: 7460 S.W. 130 ST.
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: PARKS, SHERRY
Address: 7460 S.W. 130 STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: DORADO, TONY
Address: 115 SW 103RD CT
City-St-Zip: MIAMI, FL 33174

Title: P () Delete
Name: ALVAREZ, MARIA
Address: 1736 SW 131 PL CIRCLE S.
City-St-Zip: MIAMI, FL 33175

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:

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: MARIA ALVAREZ

MS

01/30/2009

Electronic Signature of Signing Officer or Director

Date