


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90102 005 ****70.00

DOCUMENT # N30423 1. Entity Name EL YAYABO SOFTBALL CLUB INC.	
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Principal Place of Business 4501 PALM AVE 104 HIALEAH, FL 33012 US	Mailing Address 674 NW 126TH CT SUITE 104 MIAMI, FL 33182 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40030314



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0076722	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, MARIO 4501 PALM AVE SUITE # 104 HIALEAH, FL 33012

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIO, ROGELIO 1465 W 42 PL, # 109 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DE SOL, ARMANDO 3094 W 68 PL HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SASTRE, LUIS 12824 SW 74 TERR MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BORREGO, CARLOS 10523 SW 69 TERR MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUN, ADAN 15261 SW 30 TERR MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENENDEZ, MAYRA 17931 NW 79 AVE MIAMI LAKES, FL 33015 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President/Direct GARCIA ROGELIO 1465 W.42nd PL.# 109 HIALEAH, FL., 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER DEL SOL ARMANDO 3094 WEST 68th PLACE HIALEAH, FL., 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRETARY BORREGO CARLOS 10523 S.W.69th TERR. MIAMI, FL., 33172 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Vice-Secretary MARIO D. RODRIGUEZ 4501 PALM AVE. STE.# 104 HIALEAH, FL., 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARLOS VELAZQUEZ 777 S.W.,9th AVE APT.# 415 MIAMI, FL., 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENENDEZ MAYRA 17931 N.W.79th AVE. MIAMI LAKES, FL., 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Mario Rodriguez 04/18/06 (305) 557-0962
MARIO D. RODRIGUEZ

Daytime Phone #