


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90032 048 \*\*\*\*70.00

<b>DOCUMENT # N30423</b> 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05012007 Chg-NP CR2E037 (12/06)



4. FEI Number  
65-0076722

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GARCIO, ROGELIO STREET ADDRESS 1465 W 42 PL, # 109 CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Amado Luis GARCIA STREET ADDRESS 4304 S.W. 69 AVE. CITY-ST-ZIP Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME DE SOL, ARMANDO STREET ADDRESS 3094 W 68 PL CITY-ST-ZIP HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE VPD NAME Jose A Sanchez, Jr. STREET ADDRESS 6914 STERLING RD. CITY-ST-ZIP Hollywood, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME BORREGO, CARLOS STREET ADDRESS 10523 SW 69TH TERR CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME RODRIGUEZ, MARIO D STREET ADDRESS 4501 PALM AVE STE 104 CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME VALAZQUEZ, CARLOS STREET ADDRESS 777 SW 9TH AVE APT 415 CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME MENENDEZ, MAYRA STREET ADDRESS 17931 NW 79 AVE CITY-ST-ZIP MIAMI LAKES, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** Mario Rodriguez Director 4/30/07 305.557.0962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #