

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31508

FILED
Feb 23, 2009
Secretary of State

Entity Name: MIAMI FRIENDS BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

TAMIAMI PARK
11201 SW 24TH ST
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

948 NW 128TH PLACE
MIAMI, FL 33182 US

New Mailing Address:

FEI Number: 65-0114114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, RALPH
948 NW 128TH PLACE
MIAMI, FL 33182 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: PD () Delete
Name: ACOSTA, OVIDIO,
Address: 2800 S.W. 81ST AVENUE
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: ZABALLA, LUIS
Address: 11201 SW 24TH ST
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: RUCHE, ALEX
Address: 11201 SW 24TH ST
City-St-Zip: MIAMI, FL 33174

Title: VSD () Delete
Name: RODRIQUEZ, ANGEL
Address: 11201 SW 24TH ST
City-St-Zip: MIAMI, FL 33174

Title: TD () Delete
Name: SANCHEZ, RALPH
Address: 948 NW 128 PLACE
City-St-Zip: MIAMI, FL 33182

Title: VTD () Delete
Name: LOPEZ, JORGE
Address: 11201 SW 24TH ST
City-St-Zip: MIAMI, FL 33174

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
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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: OVIDIO ACOSTA

Electronic Signature of Signing Officer or Director

PRES

02/23/2009

_____ Date