


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005812 1. Entity Name CARLOS PASCUAL PONY LEAGUE, INC.	
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Principal Place of Business 2540 SW 92 CT MIAMI, FL 33165	Mailing Address 2540 SW 92 CT MIAMI, FL 33165
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01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0711682	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 PASCUAL, CARLOS A 2540 SW 92 CT MIAMI, FL 33165
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**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000384502
01/17/06-80015-006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASCUAL, CARLOS SR. 2540 SW 92 CT. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCUAL, XIOMARA 2540 SW 92 CT. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PASCUAL, CARLOS JR. 13194 SW 19 TER. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCUAL, SILVIA P 9372 SW 21 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERAL, JOSE 3031 NW 1 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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

1-9-06 305-551-680
Date Daytime Phone #