## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

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1. Entity Name

LIGA DEL RECUERDO & CUBAN SUGAR KINGS IN MEMORIAM. BASEBALL, CORP.



Principal Place of Business

3205 W. 16 AVE. #B-29 HIALEAH, FL 33012 Mailing Address 3205 W. 16 AVE, #B-29 HIALEAH, FL 33012

| D   | O NOT WRITE IN   |  | OE.                             | 04212006  4. FEI Numbe 65-115  |                         | CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required |  |  |  |
|---|--|--|---------------------------------|--|-------------------------|---|--|--|--|
| VELO, OR<br>3205 W. 16<br>HIALEAH,  | LANDO A<br>5 AVE. #B-29  | OTEM POOR  | DO NOT WRITE<br>IN THIS SPACE   |  |                         |   |  |  |  |
| the obligat   | named entity submits this statement for the prions of registered agent.  Signature, typed or printed name of registered agent and title.  E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | r than the same of | ± ± ± d<br>d Agent signature re | quired when reinstaling)  \$5.00 May Be Added to Fees  | h, in the State of Flor | DATE  |  |  |  |
| 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            | OFFICERS AND DIRECT PD VELO, ORLANDO A 3205 W. 16 AVE. #B-29 HIALEAH, FL 33012   | TORS T   |                                 | The state of the s | - <b>U</b> 0000         | 00536213<br>5-80083-024 150.00  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |  |  |                                 | ,,   | NOT W                   |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby o | pertify that the information supplied with this fi<br>on this report or supplemental report is true a  | ling does not qualify for the ex   | mptions conte                   | lined in Chapter 119   | Florida Statutes. If    | writer 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 607, 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:

X (Distanto Vala)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2006 (305)558-8569