FILED
Jun 01, 2004 8:00 am
Secretary of State

05-05-2004 90205 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132570

1. Entity Name
MIAMI MAJOR LEAGUE POOLS, CORP.

Principal Place of Business	Mailing Address
1550 S.W. 104TH PATH, UNIT #302 MIAMI, FL 33174	1550 S.W. 104TH PATH, UNIT #302 MIAMI, FL 33174

[redacted]

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1667700
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANZOLA, ANDRES E
1550 S.W. 104TH PATH, UNIT #302
MIAMI, FL 33174

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: X ANDRES ANZOLA 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANZOLA, ANDRES E
STREET ADDRESS	1550 S.W. 104TH PATH, UNIT #302
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	LOPEZ, NERIO I
STREET ADDRESS	1550 S.W. 104TH PATH, UNIT #302
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 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 ANDRES ANZOLA 4-29-04 (305)225-7543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Q64253355
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U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE–POSTMASTER

Received From:

Miami MA Sox League Pools, Co
1550 SW 104 PATH # 302
Miami FL 33174

One piece of ordinary mail addressed to:

Florida Department of State
Division of Corporation
P.O. Box 6198 Tallahassee
FL 32314

PS Form **3817**, January 2001

APR 30 2004
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