

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90061 049 ***150.00

DOCUMENT # P04000110596 1. Entity Name PRO BASEBALL ACADEMY, INC.			
Principal Place of Business 447 NW 47 TERRACE DEERFIELD BEACH, FL 33442 US		Mailing Address 447 NW 47 TERRACE DEERFIELD BEACH, FL 33442 US	
2. Principal Place of Business 447 NW 47 Terr.		3. Mailing Address 447 NW 47 Terr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Deerfield Beach, Florida		City & State Deerfield Beach, Florida	
Zip 33442		Zip 33442	
Country USA		Country USA	
4. FEI Number EIN # 20-1419084 ?		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMATTIES, STEVE 447 NW 47 TERRACE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Steve DeMatteo Street Address (P.O. Box Number is Not Acceptable) 447 NW 47 Terr. City Deerfield Beach FL Zip Code 33442	
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 <u><i>Steve DeMatteo</i></u> DATE <u>1-24-05</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEMATTIES, STEVE 447 NW 47 TERRACE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Steve DeMatteo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-24-05</u> Daytime Phone # <u>954-614-8466</u>	

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