

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058354

FILED
Jan 04, 2007
Secretary of State

Entity Name: STRIKE ZONE AT THE FALLS, INC.

Current Principal Place of Business:

12323 SW 55 STREET
SUITE 1007
COOPER CITY, FL 33330

New Principal Place of Business:

8867 SW 132ND STREET
MIAMI, FL 33176

Current Mailing Address:

12323 SW 55 STREET
SUITE 1007
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 20-4752220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, RENE
2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, ALEXANDER
Address: 5851 ESTATES DRIVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VP () Delete
Name: FERNANDEZ, LOURDES
Address: 5851 ESTATES DRIVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX FERNANDEZ

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date