

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124514

FILED
Jan 29, 2009
Secretary of State

Entity Name: FLORIDA LEGENDS BASEBALL CLUB INC.

Current Principal Place of Business:

BAYVIEW EXECUTIVE PLAZA, SUITE 301
3225 AVIATION AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

18000 SW 288 STREET
HOMESTEAD, FL 33030

Current Mailing Address:

BAYVIEW EXECUTIVE PLAZA, SUITE 301
3225 AVIATION AVENUE
COCONUT GROVE, FL 33133

New Mailing Address:

18000 SW 288 STREET
HOMESTEAD, FL 33030

FEI Number: 11-3792132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELDER, DAVID R
3225 AVIATION AVENUE
STE 301
COCONUT GROVE, FL 33133 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: PD () Delete
Name: ELDER, DAVID R
Address: 3225 AVIATION AVE. STE 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD () Delete
Name: MARTI, CARLOS A
Address: 3225 AVIATION AVE. STE 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: HAYDUK, JOHN
Address: 3225 AVIATION AVE. STE 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: TORCISE, RICK
Address: 3225 AVIATION AVE. STE 301
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TORCISE, RICK
Address: 18000 SW 288 STREET
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ELDER

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date