

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 040 ***150.00

DOCUMENT # P99000047224 1. Entity Name ALEX OTHON'S BASEBALL CAMP, INC.					
Principal Place of Business 16367 S.W. 6TH ST. PEMBROKE PINES, FL 33027			Mailing Address 16367 S.W. 6TH ST. PEMBROKE PINES, FL 33027		
2. Principal Place of Business Alexander Othon Suite, Apt. #, etc. 494 SW 159 LN		3. Mailing Address Suite, Apt. #, etc. 			
City & State Pembroke Pines 33027		City & State 		05092006 Chg-P CR2E034 (11/05)	
Zip FL 33027		Zip 3		Country 	
4. FEI Number 65-0922897				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTHON, ALEXANDER 16367 S.W. 6TH ST. PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name Alexander Othon Street Address (P.O. Box Number is Not Acceptable) 494 SW 159 LN City Pembroke Pines FL Zip Code 33027		
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 President 9/5/06 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTHON, ALEXANDER 16367 S.W. 6TH ST. PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: President 9/5/06 (305) 467-6850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					