



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 019 ****61.25

DOCUMENT # N07420					
1. Entity Name TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 65-1751 MIAMI, FL 33165 US			Mailing Address POST OFFICE BOX 65-1751 MIAMI, FL 33165 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2500682	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESTRADA, RAUL 11525 SW 33 TERRACE MIAMI, FL 33165			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTRADA, RAUL		NAME		
STREET ADDRESS	11525 SW 33 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POSADA, ANGEL		NAME	LUIS QUINTERO	
STREET ADDRESS	67 N.W. 75 AVENUE		STREET ADDRESS	13415 SW 28 STREET	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERCEDES, CASALS		NAME		
STREET ADDRESS	948 NW 128 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUENO, RAMON		NAME	ALEJANDRO CASALS	
STREET ADDRESS	10235 S.W. 26 TERR.		STREET ADDRESS	948 NW 128 PLACE	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFREDO, LLAGUNO		NAME		
STREET ADDRESS	10800 S.W. 32 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 		RAUL ESTRADA		2/24/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				(305) 225-3256	
				<small>Daytime Phone #</small>	