


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90017 048 ****61.25

DOCUMENT # 766307			
1. Entity Name HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.			
Principal Place of Business C/O MARCIE REID 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US		Mailing Address C/O MARCIE REID 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent REID, MARCIE 3654 NE 19 AVE FT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not valid without reinstatement))</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D STARACE, STEVE 7764 CLOVERFIELD CIRCLE BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARADISE, ARMAND 112 NW 52 CT. POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENAGLIA, FRANK 515 VIA GENOVA DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, ROB 10247 CROSSWIND ROAD BOCA RATON, FL 33498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELUZZI, BILL 3294 NW 104 AVE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEMPHILL, MARGIE 1537 E. HILLSBORO BLVD #441 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, VIC 1781 SW 23RD WAY DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSBELL, FRANK 13309 SW 24TH ST. MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUSBELL, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2272269** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the entities.

SIGNATURE: *Armand Paradise, President* 4-07-08 954-428-6033