

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# N05000001339

Entity Name: CLUB MINIMAX, INC.

**Current Principal Place of Business:**

6190 VISTA LINDA LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6190 VISTA LINDA LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 20-2294905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIGLER, KAREN J  
499 NW 70TH AVEUE  
105  
PLANTATION, FL 33317 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GENNARI, JOSEPH SR.  
Address: 6190 VISTA LINDA LANE  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete  
Name: CALANDRA, LOUIS  
Address: 18 S. WILLIAM STREET  
City-St-Zip: EAST PATCHOGUE, NY 11772

Title: ST ( ) Delete  
Name: ESTEP, DEBRA  
Address: 4750 SW 24TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GENNARI, JOSEPH  
Address: 6190 VISTA LINDA LANE  
City-St-Zip: BOCA RATON, FL 33433

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

SIGNATURE: DEBRA ESTEP

ST

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date