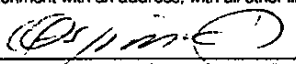


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90006 009 ****61.25

DOCUMENT # N49523 1. Entity Name SPANISH AMERICAN CLUB, INC.					
Principal Place of Business 6070 SOUTH US #1 FORT PIERCE, FL 34982			Mailing Address P.O. BOX 9356 PORT ST. LUCIE, FL 34985		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OSPINA, ENRIQUE 2041 SW BRADFORD PLACE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD OSPINA, ENRIQUE 2041 BRADFORD PLACE SW PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, BOBBY 2741 SW PIERSON RD PORT SAINT LUCIE, FL 34953	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ARMELL, GRAYDEN R 4904 NW FORLANO ST PORT SAINT LUCIE, FL 34983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIRIBOGA, DIEGO 2620 NW HATCHES HARBOR RD, # 15204 PORT SAINT LUCIE, FL 34983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRAZA, NIDIA 1744 SW DIANA TERRACE STUART, FL 34997	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSPINA, ENRIQUE 2041 BRADFORD PLACE SW PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIREYA KAISER 274 SW DARTON CIRCLE PORT ST LUCIE FL 34953	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RACHEL MEDINA 1717 SW WATERFALL BLVD PALM CITY, FL 34990	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S'D ISA BRYSON 734 SE ESSEX DR PORT ST LUCIE, FL 34984.	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM PRECIADO 171 SW SEA LION RD PORT ST LUCIE, FL 34953	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSPINA, ENRIQUE 2041 BRADFORD PLACE SW PALM CITY, FL 34990	☐ Change ☐ Addition			
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:  ENRIQUE OSPINA					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					