

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005773

1. Entity Name
THE BUSINESS NETWORK CLUB, INC.



Principal Place of Business
**2699 STIRLING RD
C-307
FT. LAUDERDALE, FL 33312 US**

Mailing Address
**2699 STIRLING RD
C-307
FT. LAUDERDALE, FL 33312 US**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0537428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLEIER, HENRY
2699 STIRLING RD C-307
SUITE 150
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STREINER, SAMUEL
STREET ADDRESS	2500 HOLLYWOOD BLVD STE 206
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	RASBACH, SCOTT
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 12
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	BLEIER, HENRY
STREET ADDRESS	2699 STIRLING RD C-307
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/06/05-80024-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/05 954-963-1444