


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90055 033 \*\*\*\*61.25

<b>DOCUMENT # N95000004339</b>	
1. Entity Name NEW YORK SOCIAL CLUB OF PALM COAST, INC.	

Principal Place of Business ITALIAN-AMERICAN CLUB 45 OLD KINGS RD. PALM COAST, FL 32137 US	Mailing Address P.O. BOX 353519 PALM COAST, FL 32135-3519 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		4. FEI Number 65-0191133		Applied For <input type="checkbox"/> Not Applicable
ROGERS, JOHN T 1166 ATHLONE WAY ORMOND BEACH, FL 32174		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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.

7. Name and Address of New Registered Agent		DATE	
Name AMUSO SALVATORE J.		02/22/2004	
Street Address (P.O. Box Number is Not Acceptable) 5 CAYUSE COURT			
City PALM COAST FL		Zip Code 32137	

SIGNATURE <i>Salvatore Amuso</i> - TREASURER SALVATORE J. AMUSO		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, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUISI, ANGELA 70 FRONTIER DR. PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PLASTINI, LUCIA 16 WELLING LANE PALM COAST, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLACENTI, LUCIA 16 WELLING LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BLANCO, JOHN P.O. BOX 354338 PALM COAST, FL 32135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPTAIN, HENRIETTA 20 N CLARIDGE CT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.P. AMUSO, JUDY 5 CAYUSE CT. PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, JOHN T 1166 ATHLONE WAY ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMUSO, SALVATORE 5 CAYUSE CT PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMMIRATA, BELLA 89 CLUBHOUSE DR. PALM COAST, FL 32137 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Salvatore Amuso</i> SALVATORE J. AMUSO	DATE: 02/22/2004	DAYTIME PHONE #: 386-447-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #