2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE:

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Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # N9900001227 1. Entity Name 02-28-2005 90201 019 ****61.25 AMBASSADOR SOUTH INC. Principal Place of Business Mailing Address 3131 S OCEAN DR 3131 S OCEAN DR HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1144223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEPITONE, RITA 3135 SOUTH OCEAN DRIVE **APT 330** HALLANDALE FL 33009 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. the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANG TITLE ☐ Detete TITLE ☐ Addition MARKEY, OWEN NAME NAME 3131 S OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition CICCARELLI, MARIA NAME NAME 3133 S OCEAN DR STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete COTE, ANDRE NAME NAME 3129 S OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7IP TITL F Delete TITLE Addition PETITONE, RITA NAME 3135 S OCEAN DR STREET ADDRESS STREET ADDRESS HALLANDALE FL 33039 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition STERN, LYNDA NAME NAME 3133 S OCEAN DR. STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition GIANNICO, ANTHONY NAME NAME 3129 S OCEAN DR STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY ST-7IP 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 receives 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

FILED