

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90126 046 \*\*\*\*61.25

**DOCUMENT # N99000001227**

1. Entity Name

**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.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For

**59-1144223**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STERN, LYNDA**  
**3133 SO OCEAN DRIVE**  
**HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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

**FILE NOW: 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MARKEY, OWEN	
STREET ADDRESS	3131 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CICCARELLI, MARIA	
STREET ADDRESS	3133 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	COTE, ANDRE	
STREET ADDRESS	3129 S OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	GLADSTONE, BARBARA	
STREET ADDRESS	3133 SO OCEAN DR, APT 221	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	STERN, LYNDA	
STREET ADDRESS	3133 S OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANNICO, ANTHONY	
STREET ADDRESS	3129 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN MARKEY	
STREET ADDRESS	3131 S. OCEAN DRIVE APT 115	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CICCARELLI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRE COTE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA GLADSTONE	
STREET ADDRESS	3133 So Ocean DR APT 221	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDA STERN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Lynda Stern*

*Feb 19 2006 954 458 6518*