


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001227</b> 1. Entity Name <b>AMBASSADOR SOUTH INC.</b>	
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Principal Place of Business <b>3131 S OCEAN DR HALLANDALE FL 33009</b>	Mailing Address <b>3131 S OCEAN DR HALLANDALE FL 33009</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-1144223</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

1st MOORE      CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>STERN, LYNDA 3133 SO OCEAN DRIVE HALLANDALE FL 33009</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
	State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete <b>MARKEY, OWEN</b> STREET ADDRESS: <b>3131 S OCEAN DR, APT 115</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>
TITLE	VP <input type="checkbox"/> Delete <b>CICCARELLI, MARIA</b> STREET ADDRESS: <b>3133 S OCEAN DR</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>
TITLE	2VP <input type="checkbox"/> Delete <b>COTE, ANDRE</b> STREET ADDRESS: <b>3129 S OCEAN DR.</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>
TITLE	S <input type="checkbox"/> Delete <b>GLADSTONE, BARBARA</b> STREET ADDRESS: <b>3133 SO OCEAN DR, APT 221</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>
TITLE	P <input type="checkbox"/> Delete <b>STERN, LYNDA</b> STREET ADDRESS: <b>3133 S OCEAN DR.</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>
TITLE	D <input type="checkbox"/> Delete <b>GIANNICO, ANTHONY</b> STREET ADDRESS: <b>3129 S OCEAN DR</b> CITY-STATE-ZIP: <b>HALLANDALE FL 33009</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000625256 02/14/07-80069-003 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	

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* President 2/2/07