

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 031 ****61.25



DOCUMENT # N99000001227
 1. Entity Name
AMBASSADOR SOUTH INC.

Principal Place of Business Mailing Address
3131 S OCEAN DR HALLANDALE FL 33009 **3131 S OCEAN DR HALLANDALE FL 33009**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 4. FEI Number **59-1144223** Applied For Not Applicable

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

1st MOORE CR2E037 (10/07)

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 | T | <input checked="" type="checkbox"/> Delete |
| NAME | MARKEY, OWEN | |
| STREET ADDRESS | 3131 S OCEAN DR, APT 115 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | CICCARELLI, MARIA | |
| STREET ADDRESS | 3133 S OCEAN DR | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | 2VP | <input type="checkbox"/> Delete |
| NAME | COTE, ANDRE | |
| STREET ADDRESS | 3129 S OCEAN DR. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GLADSTONE, BARBARA | |
| STREET ADDRESS | 3133 SO OCEAN DR, APT 221 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | Director | <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 | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RACHAEL MARKO | |
| STREET ADDRESS | 3135 So Ocean Drive # 130 | |
| CITY-ST-ZIP | HALLANDALE Bch FL 33009 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADELHEID CLAIRMONT | |
| STREET ADDRESS | 3135 So Ocean Dr # 228 | |
| CITY-ST-ZIP | HALLANDALE Bch FL 33009 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: *Maria Ciccarelli* Reg. 3/1/08 954-454-6787