2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P02000046161 1. Entity Name WASHINGTON 637 NIGHT CLUB, INC.				05	05-02-2005 90414 026 ***150.00			
Principal Plac	ce of Business	Mailing Address			4			
637 WASHINGTON AVE. MIAMI BEACH, FL 33139 637 WASHINGTON AVE. MIAMI BEACH, FL 33139			9		14014206			
	Place of Business	3. Mailing Address	lucy_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005	Chg-P	CR2E034 (10/03))	
City & Stat	l (cholc	City & State Colal 6d	<u> </u>	4. FEI Number 02-059014	3	1——	opplied For lot Applicable	
zip 33	145 Country USA	zip 33145	Country US D	5. Certificate of Sta	atus Desired	□ \$8.75 Ac Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addi	ess of New Re	gistered Agent	_	
MICOLTA, DOMINGO								
	HINGTON AVE. ACH, FL 33139	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			00		· · · · · · · · · · · · · · · · · · ·			
City						FL Zip Coo	G8	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or regis	stered agent, or both, in I	the State of Flori	da. I am familiar with	, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Trust Fund Contri		Added to Fees	NGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
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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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an afteress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MALLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.29.05

Daytime Phone #