## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2005 08:00 AN Secretary of State **DOCUMENT # P03000000475** 100 ANSIN BLVD. SOCIAL CLUB, CORP. Principal Place of Business Mailing Address 100 ANSIN BLVD. 100 ANSIN BLVD. HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 No Chg-P CR2E034 (10/03) 04182005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0946382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIQUEZ, JOE DO NOT WRITE 100 ANSIN BLVD. HALLANDALE BEACH, FL 33009 IN THIS SPACE 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 eignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIQUEZ, JOE NAME STREET ADDRESS 100 ANSIN BLVD. CITY-ST-ZIP HALLANDALE BEACH, FL 33009 000000330773 04/25/05-80173-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 receiver 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 address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS



GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR