

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 002 ***150.00

DOCUMENT # 274835 1. Entity Name AMBASSADOR NORTH INC					
Principal Place of Business 3121 - 27 SOUTH OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 3121 - 27 SOUTH OCEAN DRIVE 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 59-1144220	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABEN, RICHARD 2130 HOLLYWOOD BLVD HOLLYWOOD, FL 33020			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JAFFE, ALAN ☐ Delete 3127 SOUTH OCEAN DR APT 223 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSE ALVAREZ ☐ Change ☒ Addition 3127 SOUTH OCEAN DR APT 125 HALLANDALE FL 33009 2-VP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIGNARILE, LAURA ☐ Delete 3121 SOUTH OCEAN DR APT 109 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARILYN GARCIA ☐ Change ☒ Addition 3121 SOUTH OCEAN DR APT 207 HALLANDALE FL 33009	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LA SPISA, JOHN ☒ Delete 3127 SOUTH OCEAN DR APT 114 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERTHA IGLESIAS ☐ Change ☒ Addition 3121 SOUTH OCEAN DR APT 110 HALLANDALE FL 33009 2-VP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROMAS, ASTRASUKAS ☐ Delete 3121 SO OCEAN DR APT 209 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALTER MC GOVERN ☐ Change ☒ Addition 3127 SOUTH OCEAN DR APT 226 HALLANDALE FL 33009	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARBONE, ADOLPH ☐ Delete 3127 SOUTH OCEAN DR APT 115 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOTO, SAVERIO ☐ Delete 3127 SOUTH OCEAN DR APT 118 HALLANDALE, FL 33009		TITLE 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 Chapter 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 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: Adolph V Carbone ADOLPH V CARBONE 2-26-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 954-456-0402 Daytime Phone #					