FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

353266

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CLUBS AGENCY, INC.													
Principal Place	of Business		Mailing A	ddress					1 100100 Fill	DI MILAN BIRKA KIDIN DI	IIA VIII VIDIL VEI	18 DIQ III 430 I)
6175 NW 153 STR STE 309				6175 NW 153 ST #309									
MIAMI LKS US	MIAM US	MIAMI LAKES FL 33014 US				3. Date Incorporal 10/02/19		3a. Date o	of Last Re 3/20/19				
2. Principal Pla	ace of Business	2a. Mailin	2a. Mailing Address					4. FEI Number			A	pplied For	
21		26	manada a comunicación de comunicación de construcción de const				59-150	1906			lot Applicable		
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					5. Certificate of St	tatus Desired			Additional	
22 City & State	 	27 City 9	City & State					•				Required	
City & State			28						Election Campa Trust Fund Cor	0			May Be I to Fees
Zip	Cour			Zip Cou					8. This corporation				
24	25		29	····		2001 lily			Florida Statutes		Intangable tax	urider 3	193.002,
	g. Name and Address of Currer					<u></u>			10. Name and Ad	·		gent	
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DIAMO	ND, FRED					82	C+	:00t Add=00	o (P.O. Boy Number	is Not Acceptab	via)		
6175 NW 153 ST, 309							50	eet Audres	ddress (P.O. Box Number is Not Acceptable)				
MIAMI LAKES FL 33014													
						84	Cit	у			FL	85 Zıp	Code
or register familiar wit SIGNATURE	o the provisions of Se ed agent, or both, in t th, and accept the obl	he State of Florida igations of, Sectio	ı. Such chanç n 607.0505.	ge was authoriz Florida Statutes	ed by the s.	corpo	oratio	on's board	of directors. I hereby	ement for the pur y accept the app	ointment as r	ging Its re egistered	egistered office agent. I am
12.	Signature, typed or printed na-	ne of registered agent a OFFICERS AND			IF: Register		it Siğiria	sture required w	ADDITIONS (CL	HANGES TO OFF	DATE ICEDS AND I	NDECTO	DO IN 10
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NAME	DIAMOND, FR	FN				NAME					_		
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CITY-ST-ZIP	MIAMI LAKES				ŀ	CITY-S							
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NAME	DIAMOND, SU	IE .			22	NAME		,					
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CITY-ST-ZiP	w cartify that the inforc	nation supplied w	ith this files i	c voluntarily five		CITY - S			the exemption state	dia Costion 110	07(2)(b) Elect	do Ctot	on I further

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or open attachment with an address. SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**

CR2E034 (12/95)