


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 517931 1. Entity Name OLYMPUS CLUB, INC.	
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Principal Place of Business 7941 DORCHESTER RD. BOYNTON BCH, FL 33437 US	Mailing Address 7941 DORCHESTER RD. BOYNTON BCH, FL 33437 US
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04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1702625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNELL, BRIAN M. BOOSE CASEY CIKLIN, ET AL 515 N. FLAGLER DR., SUITE 1800 W. PALM BCH., FL 33401	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAHANE, ELLEN KATE 3575 S OCEAN BLVD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAFTE, BETTY ANN 3575 S OCEAN BLVD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BOGATIN, GERTRUDE 3575 S. OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOGATIN, REGINA 3575 S OCEAN BLVD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000302404
04/13/05-80070-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Ellen Kahan 4/8/05 1561734-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #