

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537978

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** HURRICANE LOUNGE, INC.

**Current Principal Place of Business:**

809 GULF WAY  
ST PETE BCH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 46494  
ST PETE BCH, FL 337416494 US

**New Mailing Address:**

FEI Number: 59-1739351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALKENSTEIN, MARY B  
801 GULF WAY  
ST PETE BEACH, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FALKENSTEIN, MARY B.  
Address: 1705 PASS A GRILLE WY  
City-St-Zip: ST. PETE BEACH FL, 33706

Title: DV  
Name: FALKENSTEIN, DOMONICK  
Address: 6441 4TH PALM POINT  
City-St-Zip: ST PETE BCH, FL 33706

Title: DST  
Name: FALKENSTEIN, BRUNO  
Address: 2401 PASS-A-GRILLE WAY  
City-St-Zip: ST PETE BEACH, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUNO FALKENSTEIN

TREA

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date