

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 651311

1. Entity Name
SUNSET HARBOUR HEALTH CLUB, INC.



Principal Place of Business
20803 BISCAYNE BLVD.
STE. 200
AVENTURA, FL 33180 US

Mailing Address
20803 BISCAYNE BLVD.
STE. 200
AVENTURA, FL 33180 US



DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CRZE034 (11/05)

4. FEI Number **52-1251268** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

DAVID, ALAN
20803 BISCAYNE BLVD
SUITE 200
AVENTURA, FL 33180

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEDZOW, MICHAEL ESQ 20803 BISCAYNE BLVD. #200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, ALAN M 20803 BISCAYNE BLVD. #200 AVENTURA, FL 33180
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR