2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State
04-08-2008 90015 030 ****61.25

DOCUMENT # 702725

1. Entity Name

HI-C CLUB, INC.

Principal Place of Business	Mailing Address
545 W 51 PLACE HIALEAH FL 33012	545 W 51 PLACE HIALEAH FL 33012

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASTANZI, JOSEPH V. 1101 COLONY PT CIR BLDG 4, APT 419 PEMBROKE PINES FL 33026	Name: PATTERSON III, HERBERT S. Street Address (P.O. Box Number is Not Acceptable): 326 WEST 34th STREET City: HIALEAH, FL. **FL** Zip Code: 33012

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: HERBERT S. PATTERSON III, TD — MARCH 25, 2008
Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IZZO, ANDREW F. 31 W 64TH STREET HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BASTANZI, JOSEPH V 1101 COLONY POINTEIR BLD 4 APT 419 BEN BROKE PINES FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATTERSON III, HERBERT S. 326 WEST 34th STREET HIALEAH, FL. 33012 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, JOHN D 19900 NW 37 AVE A50 OPA LOCKA FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: HERBERT S. PATTERSON III, TD — MARCH 25, 2008