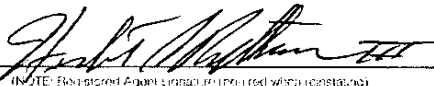


FILED
Apr 08, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # 702725				Secretary of State	
1. Entity Name				04-08-2008 90015 030 ****61.25	
HI-C CLUB, INC.					
Principal Place of Business		Mailing Address			
545 W 51 PLACE HIALEAH FL 33012		545 W 51 PLACE HIALEAH FL 33012			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & State		City & State		4. FEI Number	
Zip		Zip		NO-T APPLICABLE	
Country		Country		Applied For	
				Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
BASTANZI, JOSEPH V. 1101 COLONY PT CIR BLDG 4, APT 419 PEMBROKE PINES FL 33026		7. Name and Address of New Registered Agent			
		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 is required when reappointing)					
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 PD ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME IZZO, ANDREW F.			NAME		
STREET ADDRESS 31 W 64TH STREET			STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33012			CITY-ST-ZIP		
TITLE TD ☒ Delete			TITLE ☐ Change ☒ Addition		
NAME BASTANZI, JOSEPH V			NAME TD		
STREET ADDRESS 1101 COLONY POINTEIR BLD 4 APT 419			STREET ADDRESS PATTERSON III, HERBERT S.		
CITY-ST-ZIP BEN BROKE PINES FL 33026			CITY-ST-ZIP 326 WEST 34th STREET		
TITLE D ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME CAMPBELL, JOHN D			NAME		
STREET ADDRESS 19900 NW 37 AVE A50			STREET ADDRESS		
CITY-ST-ZIP OPA LOCKA FL 33056			CITY-ST-ZIP HIALEAH, FL. 33012		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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					