


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 028 ****61.25

DOCUMENT # 704429	
1. Entity Name OPTIMIST CLUB OF NORTH SHORE MIAMI BEACH	

Principal Place of Business C/O LARRY WEINBERG 850 W. 43 CT. MIAMI BEACH, FL 33140 US	Mailing Address C/O LARRY WEINBERG 850 W. 43 CT. MIAMI BEACH, FL 33140 US
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DO NOT WRITE IN THIS SPACE

40013331



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0153223	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEINBERG, LARRY 850 W. 43 CT MIAMI BEACH, FL 33140
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	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 LAZAGA, MAX 243 POINCHINA IS DRIVE SUNNY ISLE BEACH, FL 32160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLATT, CARL 9180 W. BAY HARBOR DR. #5C BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEINBERG, LARRY 850 W. 43 CT. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOETZ, BRETT 5121 N 36 CT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in 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 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: <u>Larry Weinberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/15/07</u>	Daytime Phone #: <u>305-538-7183</u>
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