2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719950

FILED Jan 11, 2007 Secretary of State

Entity Name: THE HEMISPHERES SOCIAL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: C/O DOROTHY ROSS 1985 S. OCEAN DR 5N HALLANDALE BEACH, FL 33009 **New Mailing Address: Current Mailing Address:** C/O DOROTHY ROSS 1985 S. OCEAN DR 5N HALLANDALE BEACH, FL 33009 FEI Number: 23-7313568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS, DOROTHY 1985 SOUTH OCEAN DRIVE APT #5N HALLANDALE BEACH, FL 33009 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSS, DOROTHY, Name: Name: 1985 S .OCEAN DR.,APT 5N Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: VD () Delete Title: () Change () Addition SINGER, HERB, Name: Name: Address: 1950 S. OCEAN DR.APT 16B Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: **VDVP** () Delete Title: () Change () Addition FRANK, BELLE Name: Name: Address: 1950 S OCEAN DR #12E Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: LEITSTEIN, JEANNE Name: 1950 S OCEAN DR 17-E Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition SINGER, EVE Name: Name: 1950 S. OCEAN DRIVE, APT. 16B Address: Address: City-St-Zip: HALLENDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition KAUFMANN, EDYTHE Name: Name: Address: 1980 S OCEAN DR APT 20F Address: HALLENDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SINGER VD 01/11/2007