


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90001 034 ****61.25

DOCUMENT # 735565 1. Entity Name DINNER KEY CRUISING CLUB, INC.						
Principal Place of Business 1925 BRICKELL AVE STE D1001 MIAMI, FL 33129 US			Mailing Address 1925 BRICKELL AVE STE D1001 MIAMI, FL 33129 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-1723707		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent YELEN, MARTIN 1925 BRICKELL AVE STE D1001 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
TITLE SD NAME PORTNOY, RUBY STREET ADDRESS 13450 SW 96 ST CITY-ST-ZIP MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete			TITLE SD SILVAGNI, ANTHONY NAME SILVAGNI, ANTHONY STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE PD NAME LEVIN, RITA STREET ADDRESS 5996 PARADISE POINT DRIVE CITY-ST-ZIP MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete			TITLE VPD NAME SILVAGNI, ANTHONY STREET ADDRESS 930 INTRACOASTAL DRIVE #14A CITY-ST-ZIP FORT LAUDERDALE FL 33008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE VPD NAME LUCKENBACH, PETE STREET ADDRESS 1448 SE 15 ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE SD NAME PARIOT, CAROL STREET ADDRESS 1448 SE 15 ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SIGNATURE: <u>Pete Luckenbach</u> PETE LUCKENBACH, PD 7/4/05 954-463,8078 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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