

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90069 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 769219</b><br>1. Entity Name<br><b>BULLDOG CLUB OF SOUTH FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>4324 SW 70 TERRACE</b><br><b>DAVIE, FL 33314 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                     |                                                  | Mailing Address<br><b>4324 SW 70 TERRACE</b><br><b>DAVIE, FL 33314 US</b>                                                            |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                  | <b>66007598</b><br>                                                                                                                  |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | City & State                                                                        |                                                  | 4. FEI Number<br><b>59-2354815</b>                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Zip                                                                                 |                                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>ISAKSON, NANCY</b><br><b>1514 S.W. 12 COURT</b><br><b>FORT LAUDERDALE, FL 33312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                     |                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                  | <b>\$5.00 May Be Added to Fees</b>                                                                                                   |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TD<br>GLASER, ROBERTA<br>4324 SW 70 TERR<br>DAVIE, FL 33314              | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | President, Director<br>Debbie Rowles<br>4933 SW 134 Ave<br>Miramar, FL 33027                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>ANDERSON, JOYCE<br>5241 SW 4TH STREET<br>PLANTATION, FL 33317      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | Vice President, Director<br>Judi McKissick<br>11631 NW 21 St<br>Pembroke Pines, FL 33024                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VPD<br>WALLACE, SKAI<br>584 CONSERVATION DR<br>FORT LAUDERDALE, FL 33327 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | Secretary, Director<br>Joanne Edwards<br>17335 NW 67 Place<br>Miami Lakes, FL 33015                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SP<br>ISAKSON, WILLIAM<br>1514 SW 12 CURT<br>FORT LAUDERDALE, FL 33312   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | Treasurer, Director<br>Roberta (Glaser) Rothman<br>4324 SW 70th Terrace<br>Davie, FL 33314                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |
| SIGNATURE: <i>Roberta Glaser Rothman</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                     |                                                  | 1/31/05 954-424-276                                                                                                                  |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                     |                                                  |                                                                                                                                      |                                                                              |