2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002228

1. Entity Name
MAR-A-LAGO CLUB, INC.

Principal Place of Business	Mailing Address
% TRUMP ORGANIZATION	% TRUMP ORGANIZATION
725 5TH AVE	725 5TH AVE
NEW YORK, NY 10022	NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

08262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-3818196	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TRUMP, DONALD J
STREET ADDRESS	% TRUMP ORGANIZATION, 725 5TH AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10/100136932611
10/15/08--01006--003 **550.00

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12. I hereby certify that the information supplied with 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 607, 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/08   (212) 832-2000
Date   Daytime Phone #

KS