

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000710

FILED
Apr 28, 2008
Secretary of State

Entity Name: SIGNATURE CLUB A LTD. INC.

Current Principal Place of Business:

550 N. REO ST.
SUITE 300
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

550 N. REO ST.
SUITE 300
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 65-0717323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARPEL, MARILYN
2050 DISCOVERY CIR E
DEERFIELD BCH, FL 33442 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, ADRIEN ARPEL
Address: 1020 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Delete
Name: GLASSMAN, JEFFREY
Address: 1735 YORK AVE #11H
City-St-Zip: NEW YORK, NY 10128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GLASSMAN, JEFFREY
Address: 3121 PLAZA FIVE
City-St-Zip: JERSEY CITY, NJ 07311

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY GLASSMAN

GM

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date