2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H09878 1. Entity Name THE GOLD CLUB, INC.						2007 NOV -7 PM 12: 11						
Principal Place of Business 255 SUNNY ISLES BLVD SUNNY ISLES BEACH, FL 33160 US			1604	Mailing Address 1604 SE 2ND CT FORT LAUDERDALE, FL 33301 US				IALL	RETARY OF AHASSEE F	- LORID,	A 	
2. Principal F	Place of Busin	ness - No P.O. Box #		ng Address SUNNY ISLE	ES BL	/D						
Suite, Apt.	#, etc.		Suite	, Apt. #, etc.				10222007	Chg-P	CR2E0	34 (12/06)	
City & Stat	te		1 '	S State Y ISLES BE	EACH.	FL 33	3160	4. FEI Number 59-2468			_ 	plied For at Applicable
Zip		Country	Zip		Coun		7200		of Status Desired		\$8.75 Add	litional
	6. Name	and Address of Current	Registered	i Agent				7. Name and	Address of New R	Registered .	Agent	
LESNICK, 1604 SE 2 FORT LAL	ND CT	E, FL 33301				Name LOUIS Street A 2700	SJ. 'ddress (I	TERMINELL P.O. Box Numbe 7 AVENUE	O, ESQ.	e)	Zip Cod	Δ
		y submits this statement fo				MIAM				FL	<u> 33133</u>	
SIGNATURE.		1/5 J. J.A. or printed name of reg stered agent.	and title if applied	caple (NOT D. Election Campa Trust Fund Cont	ign Finan		\$5.	when reinstating) 00 May Be ed to Fees		0	07.	
10		OCCIDEDS AND	DIRECTOR	DC	T 44			ADDITIONS (NAME OF THE PARTY	M.	*	*81.43
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND STEVEN NY ISLES BLVD SLES BEACH, FL 3316		X Delete				ADDITIONS/0	11/50/00	Comp Am	□ Change	S IN 11 Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		ARJORIE NY ISLES BLVD SLES BEACH, FL 3316	iO	□ Delete			255	ORIE TOBI SUNNY ISL Y ISLES B		33160	X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				60	001124	+55 5	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				11720	/0701020		∐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	•						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that th			☐ Delete				100. W	illiame NOV	-72	☐ Change	☐ Addition

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 exachment with an address, with all other like empowered. MARJORIE SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Date

Daytime Phone #

Charter Number Only

FOD/11099	V A L
TERMINELLO & TERMINE	ÎIC
2100 SW 37+n AVE	Ň
Address Miami, FL 33133 City State ZIP Phone	0 N L Y

CORPORATION(S) NAME

me	GOID CIUB	INC.
	# HO	9878
Profit) NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership) Reinstatement	Annual Report () Reservation	() Other () Change of Registered Agent
) Certified Copy	() Phata Copies	() Certificate Under Seal
) Call When Ready) Walk In	() Call If Problem ()-Will Wait	() After 4:30 Up () Mail Out

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Name			
Availability			
Document			
Exeminer	 	· · · · · · · · · · · · · · · · · · ·	
Updater	 		
Varifier	 		
Acknowledgment			
W.P. Verifier	 		

Linpire Toll Free: 1-800-432-3028