

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # M79024	
1. Entity Name BANANA CLUB, INC.	

Principal Place of Business 19401 W DIXIE HWY MIAMI, FL 33180	Mailing Address 19401 W. DIXIE HWY 14652 BISCAYNE BLVD. MIAMI, FL 33180 US
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03172006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0119926	Applied For ☐ Not Applicable
5. Certificate of Status Destroyed ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GROSFELD, SALO 19401 W DIXIE HWY MIAMI, FL 33180	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

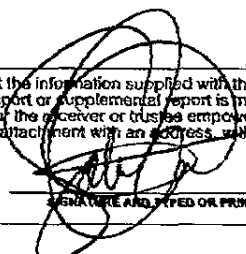
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSFELD, SALO 19401 W DIXIE HWY MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSFELD, JAIME 13390 BISCAYNE BAY DR MIAMI, FL 33181
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04/19/06-00008-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **3/29/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #