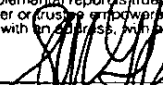


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M80064			
1. Entity Name CHECK-OUT CORP.			
Principal Place of Business 2945 FLAMINGO DR MIAMI BEACH, FL 33140 US		Mailing Address 2945 FLAMINGO DR MIAMI BEACH, FL 33140 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GENET, S M 2945 FLAMING DR MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GENET, S M 2945 FLAMINGO DR MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Sec. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. CHAVA GENET 2945 FLAMINGO DR. MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRES. LARRY GENET 2945 FLAMINGO DR. MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SAM GENET 2945 FLAMINGO DR. MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RD VICE PRES. DANIELA GENET 2945 FLAMINGO DR MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4th VICE PRES. MICHELLE GENET 2945 FLAMINGO DR. MIAMI BEACH, FL 33140 ☐ Change ☒ 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 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 I am empowered.			
SIGNATURE: 		8/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

05 AUG 25 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50062752



06272005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0108469 Applied For
Not Applicable

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