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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 AUG 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50062752

DOCUMENT # M80064

1. Entity Name
CHECK-OUT CORP.

Principal Place of Business	Mailing Address
2945 FLAMINGO DR MIAMI BEACH, FL 33140 US	2945 FLAMINGO DR MIAMI BEACH, FL 33140 US

06272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0108469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GENET, S M 2945 FLAMING DR MIAMI BEACH, FL 33140	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 FIAMINGO 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 FIAMINGO 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 FIAMINGO 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. DANIELLA GENET 2945 FIAMINGO 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 FIAMINGO DR. MIAMI Beach, Fl. 33140	☐ Change ☐ Addition

8/24/05

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 like empowered.

SIGNATURE: _____ 8/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #