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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06272005 Chg-P CR2E034 (10/03)

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
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PST	☑ Delete	TITLE	Pres., Sec.	☑ Change ☐ Addition
NAME	GENET, S M		NAME		
STREET ADDRESS	2945 FLAMINGO DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	~~VICE PRES.~~	☐ Delete	TITLE	VICE PRES.	☐ Change ☑ Addition
NAME			NAME	CHAVA GENET	
STREET ADDRESS			STREET ADDRESS	2945 FIAMINGO DR.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, Fl. 33140	
TITLE		☐ Delete	TITLE	2nd VICE PRES.	☐ Change ☑ Addition
NAME			NAME	LARRY GENET	
STREET ADDRESS			STREET ADDRESS	2945 FIAMINGO DR.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, Fl. 33140	
TITLE		☐ Delete	TITLE	TREASURER	☐ Change ☑ Addition
NAME			NAME	SAM GENET	
STREET ADDRESS			STREET ADDRESS	2945 FIAMINGO DR.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, Fl. 33140	
TITLE		☐ Delete	TITLE	3RD VICE PRES.	☐ Change ☑ Addition
NAME			NAME	DANIELLA GENET	
STREET ADDRESS			STREET ADDRESS	2945 FIAMINGO DR	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, Fl. 33140	
TITLE		☐ Delete	TITLE	4th VICE PRES.	☐ Change ☑ Addition
NAME			NAME	Michelle GENET	
STREET ADDRESS			STREET ADDRESS	2945 FIAMINGO DR.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, Fl. 33140	

8/25

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 LLCs empowered.

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