

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 027 ****61.25

DOCUMENT # N01000002230 1. Entity Name 7-NO CLUB OF MIAMI, INC.						
Principal Place of Business 1120 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019				Mailing Address 1120 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 620032				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State MIAMI FL		4. FEI Number 65-1090979		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33152		Country USA		04302008 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent HILL, LAWRENCE J 1120 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINDRED, RICKY 4725 NW 2ND PLACE PLANTATION, FL 33317			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TD MYERS, DEBRA 1045 NW 128TH TERRACE NORTH MIAMI, FL 33168				<input type="checkbox"/> Delete	PRES FERNANDO SCOTT 6089 NW 23rd AVE #8 MIAMI FL 33142	
DFS DELANEY, KAREN 12911 SW 147TH LANE RD. MIAMI, FL 33186				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: FERNANDO SCOTT 4-29-08 786-239-5093 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						