

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001351**

**1. Entity Name**  
**OLYMPUS CLUB MED, INC.**



**Principal Place of Business**  
2500 PARKVIEW DR.  
#1706  
HALLANDALE BEACH, FL 33009

**Mailing Address**  
2500 PARKVIEW DR.  
#1706  
HALLANDALE BEACH, FL 33009



01232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
01-0768779

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AVENAIM, FELIX  
2500 PARKVIEW DR.  
1706  
HALLANDALE BEACH, FL 33009

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required upon reappointing)

**DATE**

**Filing Fee is \$81.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** AVENAIM, FELIX  
**STREET ADDRESS** 2500 PARKVIEW DR. #1706  
**CITY-ST-ZIP** HALLANDALE BEACH, FL 33009

**TITLE** V  
**NAME** ROSENBERG, ALLEN  
**STREET ADDRESS** 2500 PARKVIEW DR. APT. 1519  
**CITY-ST-ZIP** HALLANDALE BEACH, FL 33009

**TITLE** S  
**NAME** MARCUS, ESTELLA  
**STREET ADDRESS** 600 THREE ISLANDS BLVD.  
**CITY-ST-ZIP** HALLANDALE BEACH, FL 33009

**TITLE** T  
**NAME** ROSENBERG, ROBERTA  
**STREET ADDRESS** 250 PARKVIEW DRIVE  
**CITY-ST-ZIP** HALLANDALE, FL 33029

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000399476  
02/01/06-80014-008 61.25

**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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

954-458-1994

Daytime Phone #