2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am

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1. Entity Nam	MENT # N0300000 S CLUB INC.	9609		500		0089 019 ****7		
'	e of Business ER AVE #513 L 33040	Mailing Address PO BOX 2187 KEY WEST, FL 33041	•	4000		BRI BBHB IBHB BIIII BBHB 15	IIIINI RI INNI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2187						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01052008 C	hg-NP	CR2E037 (12/06)		
City & Stat	e	City & State Key West, F	Ti in the	4. FEI Number 59-023298	34	⊢	oplied For of Applicable	
Zip	Country	33045	Country USA	5. Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Reg	istered Agent		
DI BLASI, 3201 FLAG	JACK R GLER AVE #513		Name Street A	ddress (P.O. Box Number is	Not Acceptable)			
	T, FL 33040							
· ·	est. Andrews		City			FL Zip Cod	le	
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office of	r registered agent, or both, in	the State of Florid	da. I am familiar with,	and accept	
SIGNATURE	Signature typed or property away of registered and	ALOTE AND THE RESERVE AND THE						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	:: Registered Agent signat	ure required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$5.00 May Be Added to Fees	l	DATE se check payable to Department of S		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to a Department of S	tate	
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12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/2008 (305) 294-7653

Daytime Phone #