2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001435

FILED Apr 10, 2007 Secretary of State

Entity Name: PARKWAY CARIBBEAN SPORTS AND SOCIAL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 5410 SW 129TH AVENUE MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** 5410 SW 129TH AVENUE MIRAMAR, FL 33027 FEI Number: 56-2502860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAITLAND, DAVID E 5410 SW 129TH AVENUE MIRAMAR, FL 33027 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition RAMCHARANSINGH, TYRONE Name: TAYLOR, WESLEY Name: 1042 NE 176 TERRACE Address: 3130 MERRICK TERRACE Address: City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: MARGATE, FL 33063 (X) Change () Addition Title: SECT () Delete Title: V.P. MOWATT, PAUL Name: CLARKE, LOENARD Name: Address: 14520 SW 21ST STREET Address: 4831 NW 19 COURT City-St-Zip: **DAVIE, FL 33325** City-St-Zip: LAUDERHILL, FL 33313 Title: TREA () Delete Title: SECT (X) Change () Addition MAITLAND, DAVID E HINDS, ROBERT Name: Name: Address: 5410 SW 129TH AVENUE Address: 9334 SW 149TH SRTEET City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: TREA () Change (X) Addition Name: Name: MAITLAND, DAVID E Address: Address: 5410 SW 129 AVE. City-St-Zip: City-St-Zip: MIRAMAR, FL 33027 Title: Title: ASST () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MOWATT, PAUL

DAVIE, FL 33325

14520 SW 21 STREET

SIGNATURE: DAVID MAITLAND **TREA** 04/10/2007

() Delete

Name:

Address:

City-St-Zip: