

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006974

1. Entity Name
PARK PLACE LATIN CLUB, INC.



Principal Place of Business
**1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

Mailing Address
**1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**



01192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0549043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**PERERA, WALFRIDO
1200 SAINT CHARLES
SUITE 401
PEMBROKE PINES, FL 33026**

**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 **WALFRIDO PERERA, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PERERA, WALFRIDO
1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MACIAS, MARGOT
1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACIAS, LYDIA
1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VELASCO, ROSALIA
1100 SAINT CHALES PLACE SUITE 606
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICHEL, ANDRE G
1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VIVEROS, OSCAR
1200 SAINT CHARLES PLACE, SUITE 401
PEMBROKE PINES, FL 33026**

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03/01/07-80052-009 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: **WALFRIDO PERERA, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-07 954-435-8430