20	08 NO	T-FOR-PR ANNUAI	OFIT L REI	CORPO PORT	RATIO	N	S	ecret	ary o	8:00 an f State
. Entity Nam	8	# N0600000								
Principal Place of Business 9400 S. DADELAND BOULEVARD 607 MIAMI, FL 33156			9400 601	g Address) S. DADELAND BO II, FL 33156	DULEVARD		66013932			
Principal Place of Business - No P.O. Box #		3. Mai	3. Mailing Address							
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.			04222008 Chg-NP CR2E037 (12/06)			06)
City & State	e		Cil	City & State			4. FEI Number Applied For APPLIED FOR Not Applicable			
Zip		Country	Zig	, ,	Country		5. Certilicate of Sta	atus Desired	C \$8.75	5 Additional —
······	6. Name	and Address of Curren	t Registere	d Agent	Nam		7. Name and Addr	ress of New Re	gistered Agent	
SALCINES, CARLOS A 9400 S. DADELAND BOUOEVARD 601 MIAMI, FL 33156				Stree	1 Address	(P.O. Box Number is N	O. Box Number is Not Acceptable)			
	33156 😜									•
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ATTACHMENT (dev 13932														
Form SS-4 Application for Employer Identification Number (Rev. July 2007) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)														
Department of the Treasury Internal Revenue Service See separate instructions for each line. Keep a copy for your records.														
	Legal name of entity (or individual) for whom the EIN is being requested CRANDON MARINA YACHT CLUB, INC.													
print clearly	2 Trade name of business (if different from name on line 1) 3 Executor, administrator, trustee, "care of" name													
rint c	9400 S. DA	9400 S. DADELAND BLVD. SUITE 601						Street address (if different) (Do not enter a P.O. box.)						
5	MIAMI, FL		5b City	/, sti	ate, and ZIP code	e (if for	eign, see instr	ructions)						
Type	County and state where principal business is located MIAMI-DADE FLORIDA													
	7a Name of prin CARLOS A.	cipal officer, genera	l partner, grantor	, owner, or trus	stor	75	SSN, ITIN, or E	IN	207-34-0897					
 8a		of for a limited liability	company (LLC) (or		8b	lf 8a is "Yes,"	enter t						
		ent)?			🖌 No	-	LLC members		►					
8c		vas the LLC organiz					<u></u>		<u></u> .	🗌 Yes	No No			
9a		check only one bo			e the instru	ctio	ns for the correct	t box to	o check.					
		etor (SSN)					Estate (SSN of c		,					
	Partnership	(enter form number	to be filed) b				Plan administrat	•)					
		vice corporation	to be filed)			Н	Trust (TIN of gra National Guard	inton Г	State/local	government				
		•	ganization					ative [-	-				
	Church or church-controlled organization Church or church-controlled organization Other nonprofit organization (specify) ▶ YACHT CLUB Other (specify) ▶ Group Exemption Number (GEN) if any ▶										•			
9b	•	f a corporation, name the state or foreign country State Foreign country if applicable) where incorporated FLORIDA												
10		lying (check only or			Banking pu	rpos	e (specify purpo	se) 🕨 _						
		□ Started new business (specify type) ► □ Changed type of organization (specify new type) ► □ Purchased going business												
		oyees (Check the be with IRS withholdi		_			(specify type)							
					NUMBER F	OR	ion plan (specify THE NOT-FOR-PI	ROFIT	CORPORATION	V ANNUAL RI	EPORT			
11	Date business s	Date business started or acquired (month, day, year). See instructions.												
13								. <u> </u>						
	Agricultural 0	-					expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")							
15		First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)												
16	Check one box that best describes the principal activity of your business. Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker Real estate Manufacturing Finance & insurance Other (specify) NON-PROFIT YACHT CLUB													
17	Indicate princip	al line of merchand	ise sold, specifi	c construction	work done									
	REPRESENT CRANDON MARINA BOAT OWNERS IN FRONT OF MIAMI-DADE COUNTY OFFICERS													
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes Yes Yes If "Yes," write previous EIN here ►														
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.														
Third Designee's name Party										Designee's telephone number (include area code)				
Party Designee Address and ZIP code Designee's fax number (include area of the code of the								le area code)						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code)														
Name and title (type or print clearly) CARLOS A. SALCINES DIRECTOR (305) 670-3370														
Signature ► Outon Applicant's fax number (include area code) Signature ► Outon Applicant's fax number (include area code) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 7-2007)														