


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90024 016 \*\*\*\*61.25

|  |                               |   |  |
|--|-------------------------------|---|--|
| DOCUMENT # N07000011240  |                               |    |  |
| 1. Entity Name<br>OLYMPUS SOCIAL CLUB, INC.  |                               |   |  |
| Principal Place of Business<br>600 THREE ISLANDS BLVD. #1415<br>HALLANDALE, FL 33009   |                               | Mailing Address<br>600 THREE ISLANDS BLVD. #1415<br>HALLANDALE, FL 33009  |  |
| 2. Principal Place of Business - No P.O. Box #   |                               | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |                               | Suite, Apt. #, etc.   |  |
| City & State   |                               | City & State  |  |
| Zip  | Country                       | Zip   | Country  |
| 4. FEI Number  |                               | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                               | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |                               | 7. Name and Address of New Registered Agent   |  |
| ABOULAFIA, ANNE<br>600 THREE ISLANDS BLVD. #1415<br>HALLANDALE, FL 33009   |                               | Name <u>Ann COHEN (JUST NAME change)</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>600 THREE ISL 13LVD</u><br><u>#1415</u><br>City <u>HALLANDALE Bch</u> FL Zip Code <u>33009</u> |  |
| 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 <u>Ann Cohen</u>   |                               | DATE <u>3/26/08</u>   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                               | (NOTE: Registered Agent signature required when reconstituting)   |  |
| Filing Fee is \$61.25 Due by May 1, 2008   |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| Make check payable to Florida Department of State  |                               |   |  |
| 10. OFFICERS AND DIRECTORS   |                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE  | T                             | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | ABOULAFIA, ANNE               | NAME  | <u>Ann COHEN</u>   |
| STREET ADDRESS   | 600 THREE ISLANDS BLVD. #1415 | STREET ADDRESS  | <u>SAME (JUST THE NAME change)</u>   |
| CITY-ST-ZIP  | HALLANDALE, FL 33009          | CITY-ST-ZIP   |  |
| TITLE  | D                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | COHEN, BERNARD                | NAME  |  |
| STREET ADDRESS   | 2500 PARKVIEW DR. #2215       | STREET ADDRESS  |  |
| CITY-ST-ZIP  | HALLANDALE, FL 33009          | CITY-ST-ZIP   |  |
| TITLE  | D                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BURKE, HARVEY                 | NAME  |  |
| STREET ADDRESS   | 500 THREE ISLANDS BLVD. #808  | STREET ADDRESS  |  |
| CITY-ST-ZIP  | HALLANDALE, FL 33009          | CITY-ST-ZIP   |  |
| TITLE  | D                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | GILBERT, RITA                 | NAME  |  |
| STREET ADDRESS   | 600 THREE ISLANDS BLVD. #1415 | STREET ADDRESS  |  |
| CITY-ST-ZIP  | HALLANDALE, FL 33009          | CITY-ST-ZIP   |  |
| TITLE  |                               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                               | NAME  |  |
| STREET ADDRESS   |                               | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                               | CITY-ST-ZIP   |  |
| TITLE  |                               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                               | NAME  |  |
| STREET ADDRESS   |                               | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                               | CITY-ST-ZIP   |  |
| 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: <u>Ann Cohen</u>  |                               | DATE <u>3/26/08</u> OFFICE PHONE # <u>954-454-9593</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                               | DATE  |  |