2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011240

GILBERT, RITA

HALLANDALE, FL 33009

600 THREE ISLANDS BLVD. #1415

Name:

Address:

City-St-Zip:

Entity Name: OLYMPUS SOCIAL CLUB INC

FILED Apr 20, 2009 Secretary of State

Entity Na	me: OLYMPUS SOCIAL CLUB, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	E ISLANDS BLVD. #1415 ALE, FL 33009			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	E ISLANDS BLVD. #1415 ALE, FL 33009			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	ANN E ISLANDS BLVD. #1415 ALE, FL 33009 US			
The above in the State	e named entity submits this statement for th e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () Delete COHEN, ANN 600 THREE ISLANDS BLVD. #1415 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete COHEN, BERNARD 2500 PARKVIEW DR. #2215 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BURKE, HARVEY 500 THREE ISLANDS BLVD. #808 HALLANDALE, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title·	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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:

SIGNATURE: ANN COHEN DIR 04/20/2009