

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22420

FILED
Feb 18, 2006
Secretary of State

Entity Name: THE KING OF CLUBS OF GREATER MIAMI, INC.

Current Principal Place of Business:

C/O ASTRID K. MACK
5020 NW FIRST AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

C/O ASTRID K. MACK
5020 NW FIRST AVE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-2759050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, ASTRID K
5020 NW FIRST AVE
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MACK, ASTRID K
Address: 5020 NW 1ST AVE
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: REEVES, BENNY L
Address: 8304 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD () Delete
Name: BROWN, CLINTON
Address: 20381 NW
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: RANDOLPH, JAMES B II
Address: 8330 S.W. 65TH AVE.
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: ADAMS, LAWRENCE E. S, R.
Address: 9299 NW 13TH AVENUE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: FAYSON, JAMES
Address: 5425 SW 124 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LAWRENCE E. ADAMS, SR.

TD

02/18/2006

Electronic Signature of Signing Officer or Director

Date