2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N36387

TI FILED
Apr 22, 2009
Secretary of State

Entity Name: CLUB OPTIMISTE CAN-AM DE HOLLYWOOD, FLORIDE INC.

Current Principal Place of Business:

New Principal Place of Business:

****Amended report filed in error

No changes made****

4917 NW 47TH AVENUE TAMARAC, FL 33319

Current Mailing Address:

New Mailing Address:

4917 NW 47TH AVENUE TAMARAC, FL 33319

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 of New Registered Agent:

ROY, GAETAN 4917 NW 47TH AVENUE TAMARAC, FL 33319 US

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:

Address:

City-St-Zip:

2145 PIERCE STREET #102

HOLLYWOOD, FL 33020

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition GAETAN, ROY Name: Name: 4917 NW 47TH AVE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MORIN, ANDRE Name: Address: 362 SW 1ST AVE Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: Title: () Delete Title: () Change () Addition PIERRE, BERNARD Name: Name: Address: 800 NE 2 COURT Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: () Delete Title: Title: () Change () Addition BERNARD, F. THERESE Name: Name: Address: 800 NE 2 COURT Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition CLAVET, RICHARD Name: Name: 1219 S FEDERAL HWY Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition SEGUIN, MICHAEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GAETAN ROY T 04/22/2009