
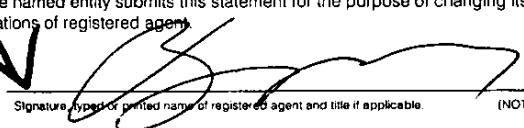
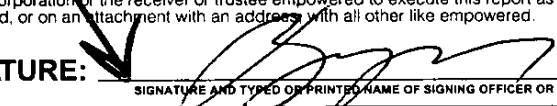


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 049 ****61.25

DOCUMENT # N37574 1. Entity Name CROATIAN-AMERICAN SOCIAL CLUB, INC.					
Principal Place of Business 21050 W. DIXIE HWY. NORTH MIAMI, FL 33180			Mailing Address 21050 W. DIXIE HWY. NORTH MIAMI, FL 33180		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center; font-size: 1.5em;">NA</div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em;">829 ESTUARY WAY</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <div style="text-align: center; font-size: 1.5em;">DELRAY BEACH FL</div>		4. FEI Number 59-6476286	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<div style="text-align: center; font-size: 1.5em;">33483</div>		<div style="text-align: center; font-size: 1.5em;">USA</div>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUKASIEVICH, MICHAEL 2400 E COMMERCIAL BLVD #720 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-size: 1.5em;">FL</div> <div style="text-align: right;">Zip Code</div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <div style="text-align: right; font-size: 1.5em;">05/15/07</div> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAVIC, NEDO 7900 W COUNTRY CLUB BLVD BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNO, JUVAN 1899 NORTH CONGRESS AVE BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">T</div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRGAS, DON 10944 NW 14TH ST. CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">VP</div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">X</div> T SHEGOTA, MIRO 2030 BETHEL BLVD. BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">X</div> S MARYANN MATESIC 4042 ARTESA DR BOYNTON BEACH FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <div style="text-align: right; font-size: 1.5em;">05/15/07</div> <div style="text-align: right; font-size: 1.5em;">561 843 4229</div> <small>Daytime Phone #</small>		

40115302



05092007 Chg-NP CR2E037 (12/06)