2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001397

1. Entity Name
ANTIQUE CLUB OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
7200 ROADICE CT., 301 LAUDERHILL, FL 33319 US	7200 ROADICE CT., 301 LAUDERHILL, FL 33319 US

DO NOT WRITE IN THIS SPACE

03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0429483
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AXELROD, DENA
7200 ROADICE CT., 301
LAUDERHILL, FL 33319

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000465234
03/22/06-60028-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARMELI, CELINA
STREET ADDRESS	69 N. FEDERAL HWY
CITY-ST-ZIP	DANIA, FL 33004
TITLE	TD
NAME	AXELROD, DENA
STREET ADDRESS	7200 ROADICE CT., 301
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	VD
NAME	STOLTZ, SYLVIA
STREET ADDRESS	1201 SOUTH OCEAN DR.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dena Axelrod DENA AXELROD TD 3/8/06 954-484-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #