2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000001397

1. Entity Name
ANTIQUE CLUB OF HOLLYWOOD, INC.

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

DO NOT WRITE IN THIS SPACE

03042008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0429483	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 _Dena Axelrod_

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000866574
04/08/08-80034-021 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_   _March 19, 2008_ 954-484-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #