

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90020 028 ****70.00

DOCUMENT # N96000003317
 1. Entity Name
PALMETTO WRESTLING CLUB, INC.



Principal Place of Business
**C/O THOMAS E. KRAUSE ATTORNEY
 9700 S DIXIE HWY SUITE 550
 MIAMI, FL 33156**

Mailing Address
**C/O THOMAS E. KRAUSE ATTORNEY
 9700 S DIXIE HWY SUITE 550
 MIAMI, FL 33156**

54004623

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02052004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**KRAUSE, THOMAS E
 9700 S DIXIE HWY #550
 MIAMI, FL 33156**

4. FEI Number
65-0684278

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCLUSKEY, JON W
STREET ADDRESS	TWO DATRAN CTR #1901, 9130 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD <input type="checkbox"/> Delete
NAME	PHILLIPS, GEORGE
STREET ADDRESS	8335 SW 182ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	SHAPRIO, DANIEL
STREET ADDRESS	15351 SW 87TH CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	FISHER, MILTON
STREET ADDRESS	9449 SOUTH OLD DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	THAYER, ALAN
STREET ADDRESS	10382 SW 144TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR + TREASURER
STREET ADDRESS	FISHER, MILTON
CITY-ST-ZIP	7520 S.W. 57 AVE SUITE A SOUTH MIAMI FL 33143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Milton G. Fisher* **MILTON G. FISHER** **02-05-04** **(305) 662-2413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #