

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N99000005126

1. Entity Name
**HOLLYWOOD CHALLENGERS SPORTS & ARTS CLUB,
INC.**



Principal Place of Business
**WATERFORD PARK
5341 QUEEN LAKE TER
DAVIE, FL 33331**

Mailing Address
**JOSE VADA PARAMPIL
5341 QUEEN LAKE TER
DAVIE, FL 33331**



09062006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000576692
09/13/06-80001-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHACKO, BABU
15845 COTS WOLD CT
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KALLADANTHYIL, ROBY
9863 NW 26TH PL
SUNRISE, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
VADA PARAMPIL, JOSE
5341 QUEEN LAKE TERR
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHN, PHILIP
5463 SW 104 TERR
COOPER CITY, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VEMPALA, MATHAI
5740 BRIARWOOD WAY
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KURIAN, BARB
12564 67TH ST. N.
WEST PALM BEACH, FL 33412**

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VADAPARAMPIL JOSE

Date

Daytime Phone #

SEP 6 '06

(954) 560-0174