



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 14 AM 9:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000025044 1. Entity Name CLUB OBSESSION, INC.					
Principal Place of Business 2674 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306			Mailing Address 2674 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		09012004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-2071174	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLACK, LAWRENCE E ESQ 3326 NE 33 STREET FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Diren Kesavalu Street Address (P.O. Box Number is Not Acceptable) 2674 E. Oakland Park Blvd. City Ft. Lauderdale FL Zip Code 33306	
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 9-1-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GAGLIARDI, MICHAEL 2674 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kesavalu, Diren 2674 E. Oakland Park Blvd. Ft. Lauderdale, FL 33306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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 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 607, 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: _____			President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-1-04 Daytime Phone #		