

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000082422**

1. Entity Name  
**RED'S CAMUSO LOUNGE INC.**



Principal Place of Business  
**1925 NE 45TH ST  
FT LAUDERDALE, FL 33308**

Mailing Address  
**1925 NE 45TH ST  
FT LAUDERDALE, FL 33308**



**DO NOT WRITE IN THIS SPACE**

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number **33-1014936** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HACKSPACHER, KIM  
1925 NE 45TH ST  
FT LAUDERDALE, FL 33308**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

1100000287253  
04/04/05-80060-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **HACKSPACHER, KIM**  
STREET ADDRESS **5231 NE 18TH TERR**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **ST**  
NAME **HACKSPACHER, PAULA M**  
STREET ADDRESS **5231 NE 18TH TERR**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Paula Hackspacher* **PAULA HACKSPACHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/05 954 771 8366**  
Date Daytime Phone #