

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 046 \*\*\*150.00

**DOCUMENT # P03000060554**

1. Entity Name

**CLUB ENTERTAINMENT CORP**



Principal Place of Business

**970 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33409**

Mailing Address

**970 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33409**

**66463043**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business

**1000 NORTH CONGRESS AVE**

3. Mailing Address

**1000 NORTH CONGRESS AVE**

Suite, Apt. #, etc.

**SUITE H**

Suite, Apt. #, etc.

**SUITE H**

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip  
**33409**

Country

Zip  
**33409**

Country

4. FEI Number

**20-1015553**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DUDE, HARALD  
970 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name: **DUDE, HARALD**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 NORTH CONGRESS AVENUE, SUITE H**  
City **WEST PALM BEACH, FL** Zip Code **33409**

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 **Fritz Ehrentraut** **PRESIDENT** **APRIL 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DUDE, HARALD<br/>970 NORTH CONGRESS AVENUE<br/>WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FRITZ EHRENTRAUT<br/>1000 NORTH CONGRESS AVENUE<br/>WEST PALM BEACH, FL 33409</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **Fritz Ehrentraut** **PRESIDENT** **APRIL 2004** **(561) 712-4622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #