

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 001 ***158.75

DOCUMENT # P03000060554

1. Entity Name
CLUB ENTERTAINMENT CORP



Principal Place of Business
**1000 NORTH CONGRESS AVE, SUITE H
WEST PALM BEACH, FL 33409**

Mailing Address
**1000 NORTH CONGRESS AVE, SUITE H
WEST PALM BEACH, FL 33409**

50055711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1015553

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUDE, HARALD
1000 NORTH CONGRESS AVE, SUITE H
WEST PALM BEACH, FL 33409**

Name **DENISE ROBERTS**

Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH CONGRESS AVE, 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

[Signature]

DENISE ROBERTS, PRES.

7/5/05

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **DUDE, HARALD**
STREET ADDRESS **1000 NORTH CONGRESS AVE, SUITE H**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **P** ☒ Change ☒ Addition
NAME **ROBERTS, DENISE**
STREET ADDRESS **1000 NORTH CONGRESS AVE, STE H.**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **SECRETARY/TREASURER** ☐ Delete
NAME **DUDE, HARALD**
STREET ADDRESS **1000 NORTH CONGRESS AVE, SUITE H**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

[Signature]

DENISE ROBERTS, PRES

7/5/05 561-712-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #