

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2005 8:00 am
Secretary of State

01-21-2005 90048 007 ***150.00

DOCUMENT # P04000026406 1. Entity Name THE CLUB MANAGEMENT ADVISORY GROUP, INC.																							
Principal Place of Business 3601 W COMMERCIAL BLVD 39 FORT LAUDERDALE, FL 33309			Mailing Address 3601 W COMMERCIAL BLVD 39 FORT LAUDERDALE, FL 33309																				
2. Principal Place of Business 6601 NW 14 ST SUITE #3 PLANTATION, FL 33313 U.S.A.		3. Mailing Address 6601 NW 14 ST. SUITE #3 PLANTATION, FL 33313 U.S.A.		66002447 																			
City & State PLANTATION, FL		City & State PLANTATION, FL		4. FEI Number 05-0120682																			
Zip 33313		Zip 33313		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent DIROCCO & COMPANY, CPA, PA 3601 W COMMERCIAL BLVD. 39 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6601 NW 14 ST SUITE #3 PLANTATION, FL 33313																				
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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P MICHAEL GILBERT 18420 LAKESIDE DR. TEDUESTA, FL 33469</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	P MICHAEL GILBERT 18420 LAKESIDE DR. TEDUESTA, FL 33469		CITY - ST - ZIP		
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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:				01/15/2005 5045750400																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																			