## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90361 004 \*\*\*150.00

## DOCUMENT # P04000032932



1. Entity Name CLUB QUARTERS INVESTMENTS, INC. **4**00000040 Principal Place of Business Mailing Address 3001 W HALLANDALE BEACH BLVD 3001 W HALLANDALE BEACH BLVD SUITE 300 SUITE 300 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4730794 Not Applicable Country . Zip Country Zip \_\_\_\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY T. LEPORE, ESQ., P.A. Street Address (P.O. Box Number is Not Acceptable) 1890 NW 139TH TERR SUITE 200 PEMBROKE PINES, FL 33028 City Zip Code 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ENGLISH, LORI NAME NAME 3001 W HALLANDALE BEACH BLVD #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK, FL 33009 CITY - \$1 - 7 IP ☐ Delete ☐ Change TITLE Addition TITLE TAVONE, JOHN : NAME NAME 3001 W. HALLANDALE BEACH BLVD, STE 300 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK, FL 33009 TITLE Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Channe ☐ Addition TITEF □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition LITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 address, with all other like empowered.

SIGNATURE:

John SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR