2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000094850

1. Entity Name
JOCKEY CLUB REALTY, INC.

FILED Feb 09, 2006-08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1150 KANE CONCOURCE

1150 KANE CONCOURCE

2E

BAY HARBOR ISLAND, FL 33154 US

BAY HARBOR ISLAND, FL 33154 U



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1207731

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEITUN, RAQUEL 1150 KANE CONCOURSE 2F

BAY HARBOR ISLAND, FL 33154

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	named entity submits this statement for the $\boldsymbol{\rho}$ fions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am lamiliar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and little t	Lapplicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TIFLE NAME STREET ADDRESS CHY-SI-ZIP	P ZEITUN, RAQUEL 1150 KANE CONCOURSE - SUITE #2E BAY HARBOR ISLAND, FL 33154				U00000425 <u>6</u> 13		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORESH, YARON 1150 KANE CONCOURCE BAY HARBOR ISLAND, FL 33154				02/20706-80008-025 150.00		
TITLE NAME							

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: (

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/1006

Davime Phone #