2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Jan 23, 2007 8:00 am DOCUMENT # P04000148600 **Secretary of State** 01-23-2007 90040 048 ***158.75 212 ENTERTAINMENT CLUB, INC. Mailing Address Principal Place of Business 676 WEST PROSPECT RD P.O. BOX 1711 POMPANO BEACH FL 33061 FORT LAUDERDALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ELIA, GEORGE 5580 NE 31ST AVENUE FORT LAUDERDALE FL 33308 8. The above named entity submits this statement for the our pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registored agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD 11111 **Addition** DILE **⊠** Delete ELIA, 650A6 E 676 CCBT PROSPECT ROAD ELIA, GEORGE NAME NAMI 5580 NE 31ST AVENUE STRLL LADDRESS STREET ADORESS FORT LAUDERDALE FL 33308 FORT LAUDERDALE, FL 33309 CHY SI ZIP CHY ST ZIP Addition TITLE **Delete** ELIA, DARLENE NAME NAME ELIA DARLENE 676 WEST PROSPECT ROAD FORT LAUDERVALE FL 33309 5580 NE 31ST AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY SI 71P CITY ST-ZIE Delete HIH Addition THUE NAMI SIREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY: ST. 7JP □ Change HHE ☐ Delete THE ☐ Addition NAMI NAMI STREET ADDRESS STRUET ADDRESS CHY ST ZIP CHY ST ZIP THE Delete IIIII Change Addition NAMI STREET ADORESS SIDLET ADDRESS CITY - ST-7IP CHY ST ZIP HILE ☐ Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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 ompowered. GEORGE ELIA P SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #