

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 016 ***150.00

DOCUMENT # P05000050584					
1. Entity Name MEN'S CLUB SOUTH U.S. 1 INCORPORATED					
Principal Place of Business 14122 SW 38TH TERR MIAMI, FL 33175			Mailing Address 14122 SW 38TH TERR MIAMI, FL 33175		
2. Principal Place of Business 13801 S. Dixie Highway		3. Mailing Address Same as above.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242006 Chg-P CR2E034 (11/05)	
City & State Miami FL		City & State		4. FEI Number 202637102	
Zip 33176		Country Miami Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGULO, ANA MARIA 5975 SUNSET DR SUITE 503 S MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTIEL, JESUS 14122 SW 38TH TERR MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mariano Alonso 14122 SW 38th Terr. Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Jesus Castiel 14122 SW 38th Terr. Miami FL 33176	<input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Iraida S. Alonso 14122 SW 38th Terr Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Additions/Changes
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: <i>Mariano Alonso</i>		2/6/06 (786) 543-1283			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			