

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000076453
1. Entity Name
NZ CLUB MARKETING, INC.



Principal Place of Business
12000 BISCAYNE BLVD
SUITE 803
MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD
SUITE 803
MIAMI, FL 33181

FILED
Feb 26, 2007 08:00 AM
Secretary of State



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
26-2906809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPOATE SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

U000000649841

03/07/07-80066-023 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIENER, ROBERT 8 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITMAN, DAVID 3010 LBJ FWY STE 712 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Litman

Date

Daytime Phone #

214-276-1566