## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000116186

Entity Name: COMPANIONSHIP CLUB, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:	
160 NW 176ST 305 MIAMI GARDENS, FL 33169 US		
Current Mailing Address:	New Mailing Address:  Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) stered Agent:  Name and Address of New Registered Agent:  Statement for the purpose of changing its registered office or registered agent, or both, of Registered Agent  Ontribution ( ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: ( ) Change ( ) Addition Name: Address:	
19310 NE 19AVE MIAMI, FL 33179 US		
FEI Number: 06-1756380 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	: Name and Address of New Registered Agent:	
HOLLOWAY, JASON 19310 NE 19AVE MIAMI, FL 33179 US		
The above named entity submits this statement for thin the State of Florida.	ENS, FL 33169 US  ing Address: New Mailing Address:  AVE 1179 US  -1756380 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) ddress of Current Registered Agent:  Name and Address of New Registered Agent:  JASON AVE 1179 US  med entity submits this statement for the purpose of changing its registered office or registered agent, or both, iFlorida.  Electronic Signature of Registered Agent  Date  ign Financing Trust Fund Contribution ( ).  ND DIRECTORS:  ( ) Delete OLLOWAY, JASON B310 NE 19AVE Address:	
SIGNATURE:		
Electronic Signature of Registered	Agent Date	
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: P ( ) Delete Name: HOLLOWAY, JASON Address: 19310 NE 19AVE City-St-Zip: MIAMI, FL 33179 US	Name:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON HOLLOWAY P 04/30/2007