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Apr 15, 2008 8:00 am
Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

60022879



DOCUMENT # P07000111054 1. Entity Name CENTRAL SOCIAL CLUB OF MIAMI, INC.					
Principal Place of Business 17101 NE 19TH AVENUE SUITE 205 NORTH MIAMI BEACH, FL 33162			Mailing Address 17101 NE 19TH AVENUE SUITE 205 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 101 North Ocean Dr		3. Mailing Address Same			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.			
City & State Hollywood FL		City & State		4. FEI Number 32-0217928	
Zip 33019		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SERNS, DAVID R 17101 NE 19TH AVENUE SUITE 205 NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name LESLIE SINGER Street Address (P.O. Box Number is Not Acceptable) 3500 Mystic Pointe Dr Apt 3101 City Aventura FL Zip Code 33180		
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: <u><i>Leslie</i></u> DATE: 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <input type="checkbox"/> Delete SERNS, DAVID R 17101 NE 19TH AVENUE, SUITE 205 NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susanna Falus 301 NE 19TH AVE APT 102 HALLANDALE FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE FOTI HOLLYWOOD 33019 1201 S. OCEAN DR. APT 1612 N	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LESLIE SINGER 3500 Mystic Pointe Dr Aventura FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTA FRI 3500 Mystic Pointe Dr Apt 2901 AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARCIA LANE 1904 S OCEAN DR APT 1102 HALLANDALE FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Leslie</i></u> Leslie SINGER Treasurer DATE: 4/1/08 305 807-8328 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					