2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111054

Entity Name: CENTRAL SOCIAL CLUB OF MIAMI, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
101 NORTH OCEAN DRIVE SUITE 200 HOLLYWOOD, FL 33019 US				
Current Mailing Address: New			New Mailir	ng Address:
101 NORTH OCEAN DRIVE SUITE 200 HOLLYWOOD, FL 33019 US				
FEI Number: 32-0217928 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:				
SINGER, LESLIE 3500 MYSTIC POINT DRIVE APT 3101 AVENTURA, FL 33180 US				
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.				
SIGNATURE:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DO SERNS, DAVID R 17101 NE 19TH A NORTH MIAMI BE	VENUE, SUITE 205	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FALUS, SUSANNA 301 NE 17TH AVENUE APT 108 HALLANDALE, FL 33009
Title: Name: Address: City-St-Zip:	P () DO FALUS, SUSANNA 301 NE 17TH AVE HALLANDALE, FL	A NUE, APT 108	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition KELETI, THOMAS 1849 S.OCEAN DR APT 12/15 HALLANDALE, FL 33009
Title: Name: Address: City-St-Zip:	VP () DO TOTI, GEORGE 1201 S OCEAN DI HOLLYWOOD, FL	RIVE, APT 1612 N	Title: Name: Address: City-St-Zip:	T (X) Change () Addition SINGER, LESLIE 3500 MYSTIC POINTE DR APT 3101 AVENTURA, FL 33180
Title: Name: Address: City-St-Zip:	T () DO SINGER, LESLIE 3500 MYSTIC PO AVENTURA, FL 3	INTE DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KELEMEN, IDA 1201 S. OCEAN DR APT 2104 N HOLLYWOOD, FL 33019
Title: Name: Address: City-St-Zip:	D () DEFRI, MARTA 3500 MYSTIC PO AVENTURA, FL 3	INTE DRIVE, APT 2901	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEMBERG, KATY 16425 COLINS AVE SONY ISLE, FL 33160
Title: Name: Address: City-St-Zip:	D (X) D LANE, MARCIA 19045 OCEAN DR HALLANDALE, FL	RIVE, APT 1102	Title: Name: Address: City-St-Zip:	() Change () Addition

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: LESLIE SINGER T 03/20/2009