2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90029 027 ***150.00

DOCUMENT # P93000078862

1. Entity Name
BERMUDA CLUB CORPORATION

Principal Place of Business	Mailing Address
1151 NE 12TH AVE HOMESTEAD FL 33030 US	2189 WEST 60TH ST. SUITE 205 HIALEAH FL 33016

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	1151 N.E. 12th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HOMESTEAD, FL
Zip / Country	Zip: 33030 / Country: USA

4. FEI Number 65-0444971 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FANO, JOSE E
2189 WEST 60TH ST.
SUITE 205
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: MESA, RAMON
Street Address (P.O. Box Number is Not Acceptable): 5742 S.W. 7th ST. SUITE 201
City: MIAMI FL Zip Code: 33144-3972

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] RAMON MESA 03/07/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 FANO, JOSE E 2189 W. 60TH ST. SUITE 205 HIALEAH FL 33016	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, RAMON 5742 S.W. 7th ST. SUITE 201 MIAMI, FL. 33144-3972	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, RAMON 2189 W. 60TH ST. SUITE 205 HIALEAH FL 33016	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] RAMON MESA 03/07/04 305-261-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #