## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P95000036155 04-10-2006 90312 030 \*\*\*150 00 RENEGADE CLUB, INC. Principal Place of Business Mailing Address 60024337 3729 NW 71 ST 3729 NW 71 ST MIAMI, FL 33147 US MIAMI, FL 33147 US 2. Principal Place of Business 3. Mailing Address 729 N.W. 729 N.W. Terruce Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For H. Lauderdale Ft. Lauderdale 65-0584309 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 3311 1/SA 333/1 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Altasa ALFASA, AVI Street Address (P.O. Box Number is Not Acceptable) 729 N.W. **3729 NW 71ST STREET** 7 Terrace MIAMI, FL 33147 Zip Code 3331/ 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. (NOTE: Registered Agent signature required when reinstalling 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TIT) F Alfasa Avi ALFASA, AVI NAME NAME 729 NIW. 7 Terruce 3729 NW 71 ST STREET ADDRESS STREET ADDRESS Ft. Lauderdale FL 33311 CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZEP Delete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

**FILED**