


FILED
Jan 12, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S52061 1. Entity Name CHICKIES CLUB SOUTH, INC.	
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Principal Place of Business G.W. SHARKEYS 2388 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US	Mailing Address C.W. SHARKEYS 2388 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US
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01062004 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0260033	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

~~STANTON, ROBIN
21651 TOWN A DR
BOCA RATON, FL 33433~~

Grammarsi, Noris
800 Cypress Grove Ln
Blg 121 Apt 104
Pompano Beach, FL 33069

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IN THIS SPACE

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, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certificate is filed.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANTON, ROBIN 21651 TOWN A DR BOCA RATON, FL 33433 <i>RESIGNED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIAMMARESI, NORIS M 800 CYPRESS GROVE LN BLDG 121 APT 104 POMPANO BEACH, FL 33069 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G GIAMMARESI, NORIS M 800 CYPRESS GROVE LN BLDG 121 APT 104 POMPANO BEACH, FL 33069 <i>President</i>
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01/13/04-80008-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(c), 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: *Noris Grammarsi*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 1/2004
DATE