


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90246 036 ***150.00

DOCUMENT # S52061
 1. Entity Name
CHICKIES CLUB SOUTH, INC.



Principal Place of Business Mailing Address
G.W. SHARKEYS **G.W. SHARKEYS**
2388 UNIVERSITY DRIVE **2388 UNIVERSITY DRIVE**
CORAL SPRINGS, FL 33065 US **CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

20044406



02152005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0260033 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~STANTON, ROBIN~~
~~21651 TOWN PL DR~~
~~BOCA RATON, FL 33433~~

7. Name and Address of New Registered Agent
 Name **NORIS M. GIAMMARESI**
 Street Address (P.O. Box Number is Not Acceptable)
800 CYPRESS GROVE LN
BLDG 121 APT 104
 City **POMPANO BEACH FL** Zip Code **33069**

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 Noris M. Giammaresi Apr 15/2005
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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STANTON, ROBIN	
STREET ADDRESS	21651 TOWN A DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GIAMMARESI, NORIS M	
STREET ADDRESS	800 CYPRESS GROVE LN BLDG 121 APT 104	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARESI, NORIS M	
STREET ADDRESS	800 CYPRESS GROVE LN BLDG 121 APT 104	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIAMMARESI, ANTHONY C	
STREET ADDRESS	6260 WILES RD APT 102	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIAMMARESI, ANTHONY S.	
STREET ADDRESS	800 CYPRESS GROVE LN, Bldg 121 APT 104	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Noris M. Giammaresi Apr 15/05 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
341-9990