


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90114 017 \*\*\*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** **CORAL SPRINGS FL 33065**  
**US** **US**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**GIAMMARESI, NORIS M**  
**800 CYPRESS GROVE DR**  
**BLDG 121, APT 104**  
**POMPAÑO BEACH FL 33069**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GIAMMARESI, NORIS M	
STREET ADDRESS	200 CYPRESS GROVE DR. BLDG 121 APT 104	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIAMMARESI, ANTHONY C	
STREET ADDRESS	6260 WILES RD, APT 102	
CITY-ST-ZIP	POMPAÑO BEACH FL 33065	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIAMMARESI, ANTHONY S	
STREET ADDRESS	200 CYPRESS GROVE DR. BLDG 121 APT 104	
CITY-ST-ZIP	POMPAÑO 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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARESI, NORIS M	
STREET ADDRESS	800 CYPRESS GROVE DR, BLDG 121	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARESI, ANTHONY C	
STREET ADDRESS	3340 N.W. 78 AVE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARESI, ANTHONY S	
STREET ADDRESS	800 CYPRESS GROVE DR BLDG 121	
CITY-ST-ZIP	POMPAÑO 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 exemptions contained in Section 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: Noris M. Giannarelli Date: April 18, 2008 Telephone: 954-341-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR