


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 G.W. SHARKEYS 2388 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 US			Mailing Address G.W. SHARKEYS 2388 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0260033 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIAMMARESI, NORIS M 800 CYPRESS GROVE DR BLDG 121, APT 104 POMPANO 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
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. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME GIAMMARESI, NORIS M STREET ADDRESS 200 CYPRESS GROVE DR. BLDG 121 APT 104 CITY-ST-ZIP POMPANO BEACH FL 33069	TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GIAMMARESI, NORIS M STREET ADDRESS 800 CYPRESS GROVE DR, BLDG 121 APT 104 CITY-ST-ZIP POMPANO BEACH, FL 33069				
TITLE ST <input type="checkbox"/> Delete NAME GIAMMARESI, ANTHONY C STREET ADDRESS 6260 WILES RD, APT 102 CITY-ST-ZIP POMPANO BEACH FL 33065	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 ST <input type="checkbox"/> Delete NAME GIAMMARESI, ANTHONY S STREET ADDRESS 200 CYPRESS GROVE DR. BLDG 121 APT 104 CITY-ST-ZIP POMPANO BEACH FL 33069	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 POMPANO BEACH, FL 33069 APT 104				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE <input type="checkbox"/> Delete 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: <i>Noris M. Giannarelli</i> April 18, 2008 954-341-9990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/07)