

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 032 ***150.00

DOCUMENT # S87299

1. Entity Name
CAROM CLUB, INC.



Principal Place of Business 2246-2248 WILTON DR WILTON MANORS, FL 33305-2132 C/O MALONEY VOVO N.E. 51ST COURT FT. LAUDERDALE, FL 33308	Mailing Address 2246-2248 WILTON DR WILTON MANORS, FL 33305-2132 C/O MALONEY VOVO N.E. 51ST COURT FT. LAUDERDALE, FL 33308
2. Principal Place of Business - No P.O. Box #	3. Mailing Address



Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0292947	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MALONEY, BILL 2246-2248 WILTON DR WILTON MANORS, FL VOVO N.E. 51ST COURT FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, BILL	NAME		NAME		NAME	
STREET ADDRESS	2246-2248 WILTON DR VOVO N.E. 51ST COURT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS, FL FT. LAUDERDALE, FL 33308	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	BARANDES, LARRY C/O MALONEY	NAME		NAME		NAME	
STREET ADDRESS	2246-2248 WILTON DR VOVO N.E. 51ST COURT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS, FL FT. LAUDERDALE, FL 33308	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: **LAURENCEA A. BARANDES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 **VIV-777-5625**
Date Daytime Phone #