2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCH									
1. Entity Nam	MENT # F99621 TURES, INC.				FILED 07 MAR 27 PM 2: 35				
Principal Plac	e of Business	Mailing Address			ا را در ا ایما	LAHASSEE	. FLORI	ĎΑ	
2300 CORAL	. WAY	2300 CORAL WAY			1111				
SUITE 200 MIAML FL 33145 US		SUITE 200							
MIAMI, FL 33145 US MIAMI, FL 33145 US			US		1 3 4 4 5 1 1 1 1 1 1				HOLE 1891
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-P	CR2E03	4 (12/06)	,
City & State		City & State	City & State		 FEI Number 59-2477 	123		-	plied For Applicable
Zip	Country Zip		Country	,	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent		110	7. Name and A	ddress of New R	egistered A	gent	
				Name					
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33145								
				City FL Zip Code)
	named entity submits this statementions of registered agent.	t for the purpose of changing its	s registered	office or register	ed agent, or both.	in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	FE: Registered A	gent signature required	when re:nstating)	·	DATE	· · ·	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	9. Election Campa 1.00 Trust Fund Con			00 May Be ed to Fees				
10.	OFFICERS AF								
		ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	Р	ND DIRECTORS Delete	11. TITLE		ADDITIONS/C	HANGES TO OFF		DIRECTORS ☐ Change	IN 11
NAME	LEE, MICHAEL		TITLE NAME	4000566	ADDITIONS/C	HANGES TO OFF			
	LEE, MICHAEL 901 NW 17TH STORE #0		TITLE NAME	ADDRESS T-ZIP	ADDITIONS/C	HANGES TO OFF			
NAME STREET ADDRESS	LEE, MICHAEL	☐ Delete	TITLE NAME STREET,		ADDITIONS/CI	HANGES TO OFF	***		
NAME STREET ADDRESS CITY+ST-ZIP	LEE, MICHAEL 901 NW 17TH STORE #0		TITLE NAME STREET		ADDITIONS/CI	HANGES TO OFF	***	☐ Change	Addition
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SIGNATURE: Muchael SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR