## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended AR is \$61.25  Amended AR is \$61.25  9. Election Campeign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PARKE  15715 SW 99 AVE.  SIREET ADDRESS  16715 SW 99 AVE.  SIREET ADDRESS  SIRE		AMENDED AN	NUAL REPO	RT							
Second Prince of Business   13955 SW, 119TH AVENUE   13955 SW, 119TH	_ • • • · · · · · · · · · · · · · · · ·						FILED				
Principal Place of Business 13955 S.W. 119TH AVENUE 2 MAMI, FL 33186 US  2 minopal Place of Business - No P.O. Box of School S.W. 119TH ST.  City & State 100 S.W. 119TH ST.  City & State 101 A. Fe Injurios 2 S.M. Age, et al.  City & State 101 A. Fe Injurios 2 S.M. 119TH AVENUE 102 Country 2 S.M. 119TH AVENUE 103 A. Fe Injurios 2 S.M. 119TH ST.  Country 2 S.M. 119TH AVENUE 103 A. Fe Injurios 103 A. Fe Injurios 103 A. A. A. Fe Injurios 103 A. A. Fe Injurios 103 A. A. A. Fe Injurios 104 A. Fe Injurios 105 A. A. A. Fe Injuri											
13955 S.W. 119TH AVENUE  MAM, FL 33166 US  2 Photopial Place of Business - No P.O. Box # 19955 S.W. 119TH AVENUE  MAM, FL 33166 US  2 Photopial Place of Business - No P.O. Box # 2900 S.W. 1974 P. 97  Suita, Apx #, etc.  Suita,							08 JUN	30 PM 1	1: 25		
13955 S.W. 197H AVENUE 13965 S.W. 197H AVENUE 2. Physicipal Place of Business - No PO, Box #	Principal Place of Business Malling Address										
2. PPRIODISP Place of Business - No PO Box # P300 SW 194h ST Suite, Ask #, etc.   Suite, Ask	13955 S.W. 119TH AVENUE		13955 S.W. 119TH AVENUE				ALLAHA	(SSEE, FT.	OFILIT		
### SOD SW   IPH ST   Suite Apt 8, etc.   Suite Apt 8, etc.   Solida Apt	PhAPILITE 5.	3186 63	MAMI, 12 33100 03	,		1830   C  C  C  C  C  C  C  C  C  C  C  C  C	II TEM OTM ERM		 	HE AL 1881	
### SOD SW   IPH ST   Suite Apt 8, etc.   Suite Apt 8, etc.   Solida Apt	2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address	<u> </u>							
City & State MIAM   FL	8300 SW 119th ST		8300 SW 119+4 ST			, 10011101 011 00101 0111	1 2611 6841 8E41	1 20191 WEN 45122 II		1861 MF 1481	
MIAM FL    MIAM FL   MIAM FL   SP   SP   Country   Zib   Standard	Suite, Apt. #, etc.		Suite, Apt. #, etc.			05262008 Chg	-NP.	CR2E037 (1	12/06)		
20	· ·		1			4. FEI Number NOT APPLICA	ABLE		<del> </del>		
SACO, MIKE SACO, MIKE Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Not Acceptable)  #### Street Address (P.O. Box Number is Not Acceptable)  #### Street Address (P.O. Box Number is Not Acceptable)  ##### Street Address (P.O. Box Number is Not Acceptable)  ###################################	Zip	Country	Zip			5. Certificate of Statu	ıs Desired		75 Add	itional	
SACO, MIKE  ITHE 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 operations agent and the fire pleases.  SIGNATURE  Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Amended AR is \$61.25  9. Election Campaign Financing Added to Fees  Trust Fund Contribution.  Amended AR is \$61.25  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITIE  SACO, MIKE  SACO, MI	2215			USIA		7. Name and Addre	ss of New R		<del></del>	1	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	CACO ANI	/ <b>r</b>		Name				- <del></del>			
E. 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 by registered agent.  SIGNATURE  SIGNATUR	15715 SW	89TH AVENUE						)			
8. The above named entity submits his 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/projected agent.  ### 29, 200 8  ### 29, 200 8  ### 2	MIAMI, FL	33157		<b>©3</b> 01							
8. The above named entity submits his 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/projected agent.  ### 29, 200 8  ### 29, 200 8  ### 2				City	MAM	1)		FL	Zip Code	156	
SIGNATURE    Comparison of processor agent and start of septication.   Contribution.   Contrib			r the purpose of changing its re				e State of Flo				
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Amended AR is \$81.25  Trust Fund Contribution.				<del></del>			**			<u>'</u>	
TITLE  MAKE  SACO, MIKE  SACO, MIKE  STREET ADDRESS  STREET AD	************************	Signature, typed or printed name of registered agent		Registered Agent signati	ura required w	hen reinstating)	1	DATE		<u>'                                    </u>	
NAME SITER ADDRESS TITLE  NAME SITER ADDRESS TITLE  NAME NAME NAME ROCAWICH, MARK SITER ADDRESS TITLE  NAME NAME NIME ROCAWICH, MARK SITER ADDRESS TITLE  NAME NIME NIME NIME NIME ROCAWICH, MARK SITER ADDRESS TITLE  NAME NIME NIME NIME NIME NIME NIME NIME NI			and title if applicable. (NOTE:	paign Financing		5.00 May Be		DATÉ / ake check pa	yable to	, .	
STREET ADDRESS CITY-ST-JP MIAMI, FL 33157  STREET ADDRESS CITY-ST-JP MIAMI, FL 33155  STREET ADDRESS CITY-ST-JP MIAMI, FL 33156  STREET ADDRESS CITY-ST-JP	10.	Amended AR is \$61.25  OFFICERS AND DIF	9. Election Carry Trust Fund Co	paign Financing ontribution.		55.00 May Be Added to Fees	Flori	DATE / ake check pa da Departme	yable to ont of St TORS IN	ate	
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CITY-ST-ZIP MIAMI, FL 33157  CITY-ST-ZIP MIAMI, FL 33156  TITLE  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 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SACO, MIKE 15715 SW 89 AVE. MIAMI, FL 33157 VP ROCAWICH, MARK 8325 SW 151 ST MIAMI, FL 33158 VP MULLINS-DIAZ, LISA 7841 186 ST MIAMI, FL 33157 S MARQUEZ, VALERIE 13615 SW 74 AVE MIAMI, FL 33158 T	9. Election Carry Trust Fund Co	paign Financing ontribution.  11.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERIC 9300 MIAMI VP B505 MIAM	J. STEPHEN SW 119+4 S J. FL 33156 P.A. L. STEPH SW 119+4 S J. FL 33156 SW 119+4 S J. FL 3315 J. FL 3315 SW 148+4 TE J. FL 33158 J. FL 33158	Flori TO OFFICER	ake check pa da Departme	TORS IN Change  Change	Addition  Addition  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 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACO, MIKE 15715 SW 89 AVE. MIAMI, FL 33157 VP ROCAWICH, MARK 8325 SW 151 ST MIAMI, FL 33158 VP MULLINS-DIAZ, LISA 7841 186 ST MIAMI, FL 33157 S MARQUEZ, VALERIE 13615 SW 74 AVE MIAMI, FL 33158 T ROCAWICH, JULIE	9. Election Carry Trust Fund Co	paign Financing ontribution.  11.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	P EFIC 8300 MIAMI VP SAND 8300 HIAMI VP TAMIE 8505 MIAM	5.00 May Be added to Fees  DITIONS/CHANGES  J. STEPHEN SW 119+4 S J. FL 33156  P.A. L. STEPL SW 119+4 S J. FL 33156  E. SNOW SW 148+4 TE J. FL 33158  DIT/16/08	Flori TO OFFICER	ake check pa da Departme	TORS IN Change  Change	Addition  Addition  Addition	
STREET ADDRESS  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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SACO, MIKE 15715 SW 89 AVE. MIAMI, FL 33157 VP ROCAWICH, MARK 8325 SW 151 ST MIAMI, FL 33158 VP MULLINS-DIAZ, LISA 7841 186 ST MIAMI, FL 33157 S MARQUEZ, VALERIE 13615 SW 74 AVE MIAMI, FL 33158 T ROCAWICH, JULIE 8325 S.W. 151ST STREET	9. Election Carry Trust Fund Co	paign Financing ontribution.  11.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PERIC 9300 MIAMI VP SAND MIAMI VP WASOS MIAMI TUSA 11900	J. STEPHEN SW 119+4 S J. FL 3315L RA L. STEPL SW 119+4 S I, FL 3315 SW 148+4 S I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158	Flori TO OFFICER	ake check pa da Departme	TORS IN Change  Change	Addition  Addition  Addition	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 title empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SACO, MIKE 15715 SW 89 AVE. MIAMI, FL 33157 VP ROCAWICH, MARK 8325 SW 151 ST MIAMI, FL 33158 VP MULLINS-DIAZ, LISA 7841 186 ST MIAMI, FL 33157 S MARQUEZ, VALERIE 13615 SW 74 AVE MIAMI, FL 33158 T ROCAWICH, JULIE 8325 S.W. 151ST STREET	9. Election Camp Trust Fund Content Co	paign Financing patribution.  11.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PERIC 9300 MIAMI VP SAND MIAMI VP WASOS MIAMI TUSA 11900	J. STEPHEN SW 119+4 S J. FL 3315L RA L. STEPL SW 119+4 S I, FL 3315 SW 148+4 S I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158 SW 148+4 T I, FL 33158	Flori TO OFFICER	ake check pa da Departme	TORS IN Change Change Change Change	Addition  Addition  Addition  Addition	
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