## 4

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED							
Mar 14, 2007	08:00 AM						
Secretary of	of State						

	AITHOAL	KEFOKI			111111	11,200	, 00.00
1. Entity Nam	MENT # P040000133	307			Se	ecretary	y of Stat
Principal Plac	ce of Business	Mailing Address		1			
4177 NORTI		4177 NORTH S.R. 7					
	E LAKES, FL 33319 US	LUADERDALE LAKES, FL 333	119 US	ł			
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·	O NOT WRITE	in i mid dpa	CE	4. FEI Number			Applied For
				20-06321	159		Not Applicable
				5. Certificate of	Status Desired	□ \$8.75	Additional guired
	6. Name and Address of Current Re	gistered Agent		end telebrasis	BULL GOOD TALK IS	and decrease	क्षा ग्रह्म स्ट्र
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	ALE LAKES, FL 33319		To a State Constitution of the		and the february		
			webs. 1881.058-15	INI	HIS SP	ALE	
	111		1.000.000000000000000000000000000000000			seer Mennistration .	
8. The above	named entity submits this statement for it	e purpose of changing its registe	red office or register	ed agent, or both,	in the State of Flo	rida. I am familiar	with, and accept
the obligat	lions of registered agent				-2 /	/ - 7	
SIGNATURE.	- Iffilia			E.O	03 - 1	/- 0フ	
	Signature, typed or printed as of registered agent and	trile if applicable. (NOTE: Register	red Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees			,
10,	OFFICERS AND DI	RECTORS	osep site osido o		- National Article States		
TITLE	PSD IBBAURA MUDAO B		Alassanden vent 6				98-39-39-39
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NAME		1					
STREET ADDRESS							
CITY-ST-ZIP			27-100 A \$ & - 16-2	Gale milani			
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this on this report or supplemental report is treporation or the receiver or trustee empty or on an attachment with an address.	s filing does not qualify for the ex grand accurate and that my signated to execute this report as requ at other like empowered.	temptions contained alure shall have the s lired by Chapter 607,	in Chapter 119, F ame legal effect a , Florida Statutes;	lorida Statutes. I f s if made under of and that my name	urther certify that ath; that I am an of appears in Block	the information ficer or director 10 or Block 11 if

11/07

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Daytime Phone #