FILED Apr 25, 2008 8:00 am Secretary of State

2008	FUR PRUFII CURPURATION
	ANNUAL REPORT

Principal Place of Business 1299 W 82ND STREET HALEAH, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.
HALEAH, FL 33014 HALEAH, FL 3
Suite, Apt. #, etc. Suite, Ap
City & State Applied For Applied For Not Applicable 20-4367295 Not Applicable \$8.75 Additional Fee Required Fee Required For Required
Zip Country Zip Country 5. Certificate of Status Desired
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKTHUK PLEKMOrCPAP.A
VALLEJO, CAROLYN 14502 SW 157 PATH MIAMI, FL, FL 33196 Suffee Address (P.O., Box Number is Not Acceptable) Suffee Address (P.O., Box Num
14502 SW 157 PATH Street Address (P.O., Box Number is Not Acceptable)
14502 SW 157 PATH Street Address (P.O., Box Number is Not Acceptable)
SUITE 20.3 City COUPER CITY FL Zig Code 24 3.3024 8. The above named epiths submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of register of agent agent. SIGNATURE Signature Signature Required when remissing) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing
City COUPER CITY FL Zig Code 33024 8. The above named spirity submits this splenent 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 egisteric agent. SIGNATURE Signature agent printed name of registered agent finds if applicable. (NOTE: Registered Agent signature required when remistating) Particle Power of 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 egisteric agent. (NOTE: Registered Agent signature required when remistating) Particle Power of 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 egisteric agent. (NOTE: Registered Agent signature required when remistating) Particle Power of 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 egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egisteric agent. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the supplied of the suppl
8. The above named epith submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registering agent. SIGNATURE SIGNATUR
SIGNATURE Signature Spring diagrams of registered apparational in applicable. FILE NOWI! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE P CUENCA, FERNANDO G STREET ADDRESS CITY-S1-2IP HIALEAH, FL 33014 IIILE VP NAME STREET ADDRESS CITY-S1-2IP LOUINCA, MARTHA L STREET ADDRESS
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12. I hereby certify that the information supplied with this filling does not dualify 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 exclude 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 fixed employered.
SIGNATURE: SIGNATURE AND TYPED OF FRENTED IN MAKE OF STORING OFFICER OR DIRECTOR Date D