


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000087130 1. Entity Name 10910 CORPORATION	
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Principal Place of Business 10543 SW 129 PLACE MIAMI FL 33186-3549	Mailing Address 10543 SW 129 PLACE MIAMI FL 33186-3549
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	1st MOORE CR2E034 (10/06)
City & State	City & State	4. FEI Number 65-0549858
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For	Not Applicable
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6. Name and Address of Current Registered Agent

SALTZMAN, ARLENE E
10543 SW 129 PLACE
MIAMI FL 33186-3549

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered officer 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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		Delete
TITLE	PS	<input type="checkbox"/>
NAME	SALTZMAN, ARLENE	
STREET ADDRESS	10543 SW 129 PLACE	
CITY - ST - ZIP	MIAMI FL 33186-3549	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	U00000615835	<input type="checkbox"/>	<input type="checkbox"/>
NAME	02/07/07-80004-006 150.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

I further certify that the information...