FILED May 08, 2007 8:00 am Secretary of State

ANNUAL REPORT	HUN
DOC! IMENT # P97000045966	

DOCUMENT # P9700045966 1. Entity Name C\TREK OF FLORIDA, INC.				05-08-2007	90013 022 ***158	3.75		
Principal Place of Business 16801 FLORENCE VIEW DRIVE MONT VERDE, FL 34756		Mailing Address 16801 FLORENCE VIEW DRIVE MONTVERDE, FL 34756						
2. Principal Place of Business - No P.O. Bo 5901 5W 74 Street	J J							
Suite, Apt. #, etc. Suite 407	Suite, Apt. #, etc.		04202007	Chg-P	CR2E034 (12/06)			
South Miami, Flor			4. FEI Number 59-3449			Applicable		
33143 Country USA	Zip	Country		of Status Desired	\$8.75 Addi Fee Required			
6. Name and Address of	Current Registered Agent	Name -		Address of New Re	egistered Agent			
EPPERSON, ANGELA D 522 PINELLAS BAYWAY			Street Address (P.O. Box Number is Not Acceptable) Villaverge & Martinez PLLC					
#204 TIERRA VERDE, FL 33715			5901 SW 74 Street, Suite 407					
Ci			South Migmi, FL 2000145					
The above named entity submits this state the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered. Signature, typed or printed name of registered.	200	registered office of	registered agent, or both		wida. Lam familiar with, a $4 - 25 - 07$	and accept		
FILE NOW!!! FEE IS \$150 After May 1, 2007 Fee will be			\$5.00 May Be Added to Fees					
	RS AND DIRECTORS	11.	ADDITIONS/C	CHANGES TO OFFI	ICERS AND DIRECTORS	IN 11		
TITLE S	🔀 Delete	TITLE	b . "		☐ Change	X Addition		
NAME LEE, W. FITZ STREET ADDRESS 522 PINELLAS BAYWAY CITY-SI-ZIP TIERRA VERDE, FL 337		NAME STREET ADDRESS CITY-ST-ZIP	Eugene S. H 1058 Muñoz San Juan, F	RIVEITA AV	ve. 5th Floor	-		
TITLE P	₩ Delete	TITLE	D	_	☐ Change	Addition 🔀		
STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 337		NAME STREET ADDRESS CITY-ST-ZIP	Manuel Lope 1058 Huñoz Gan Juan, P	Rivera Av	e. sth Floor			
INLE VP	⊠ , Delete	TITLE	Nestor L. C		Change	Addition		
NAME HUDDERS, EUGENE S STREET ADDRESS 16721 MAGNOLIA TERF CITY-S1-ZIP MONTVERDE, FL 3475		NAME Street address City-St-Zip	1038 Muñoz San Juan, 1	Rivera AL	ve. str Floor	•		
TITLE	☐ Delete	TITLE	<u> </u>	<u> </u>	☐ Change	Addition		
NAME		NAME SYRVEY ARRESSES						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
TITLE	☐ Delete	TITLE NAME			☐ Change	Addition		
NAME STREET ADDRESS		STREET ADDRESS	ļ					
CITY-SI-ZIP		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS				}		
CITY-SI-ZIP		CITY-ST-ZIP						
I hereby certify that the information sup- indicated on this report or supplementa of the corporation or the receiver or true.	plied with this filing does not qualify to il report is true and accurate and that stee empowered to execute this report	my signature shall i t as required by Ch	contained in Chapter 119, have the same legal effect apter 607, Florida Statutes	, Florida Statutes, 1 t as if made under on s; and that my name	further certily that the in bath; that I am an officer a appears in Block 10 or	formation or director Block 11 if		

April 20, 2007

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