2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED DA PRINTED MALE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

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

	AITITOAL	KEF OIL			_	Mar	14, <i>2</i>	UU /	บช:บเ
1. Entity Nan	MENT # P990000460 DRPORATION	· •		Secretary of Sta					
Principal Plac	ce of Business	Mailing Address			1				
·	AYNE BLVD., 1500 MIAMI CENTER (LN)	201 S. BISCAYNE BLVD., 1500 MIAMI CENTER SUITE 1500 (LN) MIAMI, FL 33131			 	CIIL JOHN LONA LONA CO	KIL Bo rn zidiğ b orni		
	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-P	CR2E03		
City & State		City & State			4. FEI Number 65-1096		No	optied For ot Applicable	
Zip	Country	Zip	Cour	try	<u> </u>	f Status Desired	F	8.75 Add ee Require	
	6. Name and Address of Current Re	Aistaida wägut		Name	r, Maine and A	Address of New F	redistated W	10111	
NOSTRO, LOUIS					D.O. B N	in Alas Annanahi	-1		
	LLONA AVENUE ABLES, FL 33134			Street Address (r.O. BOX NUMBBI	is Not Acceptabl	e)		
				City	<u>- </u>		FL	Zip Cod	e
	e named entity submits this statement for a tions of registered agent.	he purpose of changing its	register	ed office or register	ed agent, or both	, in the State of FI	orida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	I title if applicable. {NOT	- Registere	d Agent signature required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campai Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF	ICERS AND C	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTAYAN, BERC 10205 COLLINS AVENUE #409 BAY HARBOUR, FL 331541427	☐ Delete						Change	☐ AdditIon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTAYAN, NADYA 10205 COLLINS AVENUE #409 BAL HARBOUR, FL 331541427	☐ Delete		1		U0000 03/23/07	0666082	□ Change 301 15	□ Addition 8.75
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
indicated of the co	certify that the information supplied with the donthis report or supplemental report is trustee empower, or on an attachment with an address, with	ue and accurate and that ne ered to execute this report	ny signa as requi	ture shall have the s	same legal effect	as if made under	oath; that I arr	i an officer	or director