## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2008 8:00 am Secretary of State 05-01-2008 90249 016 \*\*\*150.00 DOCUMENT # P99000076255 LEGALFORMS.COM, INC. 400~-Principal Place of Business Mailing Address 2499 GLADES RD 2499 GLADES RD SUITE 210 SUITE 210 BOCA RATON, FL 33431 BOCA RATON, FL 33431 CR2E034 (11/05) 01142008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0951144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANTOR, SAMUEL J DO NOT WRITE 2499 GLADES RD, STE 210 BOCA RATON, FL 33431 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of regulared agent and title if applicable id/CTE Registered Agent signature required when reinstitution 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CANTOR, SAMUEL J NAME STREET ADDRESS 2499 GLADES RD STE 210 CHY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing coes not qualify 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 trust is empowered because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with propriet like or powered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**