2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

DOCU 1. Entity Nam ADMIRAL					Secre	tary	of Sta			
Principal Plac	e of Busines	s	Mailing Address	Mailing Address						
2001 SW 20 FT. LAUDERD		3315	715 DUCHESS COURT PALM BEACH GARDENS, FL 33410							
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address		-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		0323	2007	Chg-P	CR2E0	34 (12/06)	
City & Stat	е		City & State		,	Number 5-0241	703			oplied For ot Applicable
Zip		Country	Zip	Country	5. Cei	rtificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		7. Nar	ne and A	ddress of New F	Registered A	\gent	
BAKER, R	HONDA	Name	Name							
715 DUCH	IESS COL	JRT DENS, FL 33410		Street Addre	ss (P.O. Box	Number	is Not Acceptabl	e)		
			٠	City				FL	Zip Cod	le
	named entit		r the purpose of changing its r	egistered office or regi	stered agen	t, or both,	in the State of FI		amiliar with,	and accept
SIGNATURE_		or printed name of registered agent a	and title d applicable (NOTE:	Registered Agent signature rec	ulced when reinst	(eting)		DATE		
	organismo, typica	a panda an angaloroa again	The same of the sa	roganico rigorii agricio o roc	J= 00 (7 (0) (0) (0)			DAIL		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Added to Fee	/Be				
10.	r	OFFÍCERS AND	DIRECTORS	11.	ADDI	TIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE Name	PS	, WARREN	☐ Delete	TITLE .					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1478 SW	18TH TERRACE ERDALE, FL 33312		STREET ADDRESS CITY-ST-ZIP			. Jugoggo	695646 20089-0	ورسود رسدن	
TITLE			☐ Delete .	TITLE			}\$\\	80028- (10 150 Change	Addition
NAME			-	NAME					_ ,	_
STREET ADDRESS CITY-ST-ZIP	İ			STREET ADDRESS CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS City-St-Zip						
TITLE		··· <u>-</u> -	□ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME			Daloid	NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME			La Delete	NAME						C. AUGICION
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP					FT 6:	
TITLE NAME			☐ Delete T 10 :	TITLE NAME					☐ Change	Addition A
STREET ADDRESS				STREET ADDRESS			1			
CITY-ST-ZIP	L		1	CITY-ST-ZIP			·		•	
12. I hereby of indicated of the corp changed,	certify that the on this repor poration or the or on an atta	e information supplied with thoi supplemental report is ne receiver or trustee empo achment with an address, v	this filing does not qualify for the and accurate and that my wered to execute this report a with all other like empowered.	the exemptions contain signature shall have the sequired by Chapter is required by Chapter	ned in Chap he same leg 607, Florida	ter 119, f al effect a Statutes;	florida Statutes. I is if made under and that my nam	further cert oath; that I a e appears in	fy that the ii m an officer i Block 10 oi	nformation or director r Block 11 if
SIGNAT	URE:	* /	/[4/7/0	7		
	–	AIANIAMIAM AND THE TOTAL	RINTED NAME OF SIGNING OFFICER O	D DUDEOTO -			Date /	,	ytime Phone #	