## 2007 NOT-FOR-PROFIT CORPORATION

## FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90201 040 \*\*\*\*61.25

ANNUAL REPORT	
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Size Apt is, also	1702 CORDO STE #2	OVA RD.	1702 CORDOVA RD. Ste #2	316	,			TTRIK BITAL BYDIN BIDIN BIDIN	(1811181 B) IEB!		
City & State FT. LAW DE PARLE FT. LAW DE	1322 S.E. 17 STREET 1322 S.		1322 S.E. 1	S.E. 17 STREET		04050007					
Signature of State Date Set Locate Dr. Signature State State Date Date Date State Date Date Date Date Date Date Date	City & State FT. LAMPERDALE, FL F		FT: LAUDERDALE, FL		4. FEI Number		·	Applied For			
RUPP, RANDY TOZ CORDOVA RD. #2 FT LAUDERDALE, FL 33316  Sire all Address (P.O., Box, Number is Not Acceptable) TOZ CORDOVA RD. #2 FT LAUDERDALE, FL 33316  R. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.  FILING For I seed to State. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida agent, or both, in t	Zip 3331	6 USA	33316	Country				Fee Requi			
B. The above namad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I sem familiar with, and accept the obligations of registered agent.    Comment	1702 COR	DOVA RD. #2		Street A				7:-0-	odo		
Superance product orifices name of regularized Appent agrousses required when remetataring)   DATE	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. I am familiar with, and accept										
Trust Fund Contribution. Added to Fees   Florida Department of State    10.	SIGNATURE 4/25/07										
PD   Change   Addition   NAME   ROSS, ROBERT   CITY-S1-2P   FT LAUDERDALE, FL   CITY-S1-2P   FT LAUDERDALE, FL   CITY-S1-2P   CITY-S1					0	\$5.00 May Be Added to Fees					
MME SITRET ADDRESS STAGE BERT STRET ADDRESS	10.			11.	A	DDITIONS/CHAN	GES TO OFFICER	S AND DIRECTORS	N 10		
SIREE ADDRESS CITY-S1-2IP FT LAUDERDALE, FL  STD  INLE STD  INLE STD  INLE STE ADDRESS CITY-S1-2IP BIZ, G. ROBERT  SIREE ADDRESS  CITY-S1-2IP  TITLE  D  Change Addition AMAE  SIREE ADDRESS  CITY-S1-2IP  TITLE  D  CHANGE ADDRESS  CITY-S1-2IP  TITLE  NAME  SIREE ADDRESS  CITY-S1-2IP  TITLE  D  CHANGE ADDRESS  CITY-S1-2IP  TITLE  NAME SIREE ADDRESS  CITY-S1-2IP  CHANGE ADDRESS  CITY-S1-2IP  CHANGE SIREE AD		PD	Delete					☐ Change	☐ Addition		
CITY-SI-ZIP  FT LAUDERDALE, FL  CITY-SI-ZIP  ITILE  STD  Delete  ITILE  STD  Delete  STREET ADDRESS  CITY-SI-ZIP  FT LAUDERDALE, FL  CITY-SI-ZIP  TITLE  VPD  STREET ADDRESS  CITY-SI-ZIP  TITLE  D  CHange  Addition  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  D  CHANGE  STREET ADDRESS  CITY-SI-ZIP  TITLE  CHANGE  Addition  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  CHANGE  Addition  NAME  STREET ADDRESS  CITY-SI-ZIP  CHANGE  STREET ADDRESS  CITY-SI-ZIP  CHANGE  ADDRESS  CITY-SI-ZIP  CHANGE  STREET ADDRESS  CITY-SI-ZIP  CHANGE  CHANGE  ADDRESS  CITY-SI-ZIP  CHANGE  CHANGE  ADDRESS  CITY-SI-ZIP  CHANGE  CHANGE  ADDRESS  CITY-SI-ZIP  CHANGE  ADDRESS  CITY-SI-ZIP  CHANGE  CHANGE  ADDRESS  CITY-SI-Z									•		
INAME SIREE ADDRESS CITY-SI-2P FT. LAUDERDALE, FL  TITLE VPD NAME BECK, CHRISTINE SIREE ADDRESS CITY-SI-2P TILE D SOMERSTEIN, BARRY SIREE ADDRESS CITY-SI-2P TILE D SIREE ADDRESS CITY-SI-2P TILE NAME SIREE ADDRESS SIREE ADDRESS SIREE ADDRESS CITY-SI-2P TILE NAME SIREE ADDRESS SIREE											
NAME SIREET ADDRESS 11 SYLVAN LANE SOMERSTEIN, BARRY STREET ADDRESS 11 SOMERSTEIN, BARRY STREET ADDRESS 12 SOMERSTEIN, BARRY STREET ADDRESS 13 SOMERSTEIN, BARRY STREET ADDRESS 14 SOMERSTEIN, BARRY STREET ADDRESS 14 SOMERSTEIN, BARRY STREET ADDRESS 15 SOMERSTEIN, BARRY STREET ADDRESS 16 SOMERSTEIN, BARRY STREET ADDRESS 16 SOMERSTEIN, BARRY STREET ADDRESS 16 SOMERSTEIN, BARRY STREET ADDRESS 17 SOMERSTEIN, BARRY S	NAME STREET ADDRESS	BIZ, G. ROBERT 1621 SEABREEZE BLVD	□ Delæle	NAME STREET ADDRESS				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete NAME PICAZIO, MICHAEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316  CITY-ST-ZIP TITLE NAME PICAZIO, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TAMES STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO DELET ADDRESS CITY-ST-ZIP TO LAUDERDALE, FL 33316  TO L	NAME STREET ADDRESS	BECK, CHRISTINE 11 SYLVAN LANE	5% Delete	NAME STREET ADDRESS				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LAUDENDALE, FL 33316  12. I hereby certify that the information supplied with this filing does 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with alt-other like-empowered.  SIGNATURE:  DOBERT ROSS  PASSON STREET ADDRESS CITY-ST-ZIP  TO LAUDENDALE, FL 33316  Change Change STREET ADDRESS CITY-ST-ZIP  TO LAUDENDALE, FL 33316  STREET ADDRESS CITY-ST-ZIP  TO LAUDENDALE, FL 33316  12. I hereby certify that the information supplied with this filing does 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 trustee empowered.  SIGNATURE:  DOBERT ROSS  STREET ADDRESS CITY-ST-ZIP  DAMES STEET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  TO LAUGE STATUS  STREET ADDRESS CITY-ST-ZIP  TO LAUGE	NAME STREET ADORESS	SOMERSTEIN, BARRY 2555 LUCILLE DR.	☐ Delete	NAME STREET ADDRESS				☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with alt-other like empowered.  SIGNATURE:  DOBERT ROSS  17. LAU DELD ALE, FL 37316  19. Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 617, Florid	NAME STREET ADDRESS	PICAZIO, MICHAEL 1641 S OCEAN DR	☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition		
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 10 or Block 11	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	JAM 240	7 LAGUNI	A DRIVE		Addition		
SIGNATURE, 220. CC	of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
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