2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085070

Name:

Address:

City-St-Zip:

16020 SW 89 AVE RD

MIAMI, FL 33157

OLD CLITLED VILLAGE INC

FILED Apr 14, 2008 Secretary of State

Entity Nai	me: OLD CU	ILER VILLAGE, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
9734 SW 1 MIAMI, FL	184TH ST 331576987						
Current Mailing Address:			New Maili	New Mailing Address:			
9734 SW [*] MIAMI, FL	184TH ST 331576987						
FEI Number	: 65-1043177	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	New Registered Agent:		
BASADRE 9734 SW 1 MIAMI, FL	Í84 ST						
	named entity of Florida	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUI	RE:						
	Electror	nic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD (BASADRE, DA' 11405 SW 32 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	PTD (X BASADRE, DA' 10961 SW 47 : MIAMI, FL 331	ST		
Title: Name: Address: City-St-Zip:	SDD (BASADRE, LIL 11405 SW 32 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	SDD (X BASADRE, LIL 10961 SW 47 : MIAMI, FL 331	ST		
Title: Name: Address: City-St-Zip:	VD (FERNANDEZ, 0 16020 SW 89 / MIAMI, FL 331	AVE RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VD () FERNANDEZ, S) Delete SERGIO J	Title: Name:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID BASADRE PTD 04/14/2008