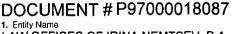
2008 FOR PROFIT CORPORATION

ANNUAL REPORT





FILED

Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90150 044 ***150.00

LAW OFFICES OF IRINA NEMTSEV. P.A. Principal Place of Business Mailing Address 1920 E HALLANDALE BEACH BLVD 1920 E HALLANDALE BEACH BLVD SUITE 608 SUITE 608 HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0730580 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEMTSEV, IRINA, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1920 E. HALLANDALE BEACH BLVD #608 HALLANDALE, FL 33009 Zip Code 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 the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEMTSEV, IRINA NAME NAME STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-S1-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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.