2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							Provide Anna State					
DOCUMENT # 433366 1. Entity Name							•					
GREEN P					07 DEC -6							
						1 27		LCRETAL ALLAHASS	Y Cr S	MATE NRIDA		
Principal Place 9545 LISTOW			Mailing Address 9545 LISTOW TERR.	-				ALLANAS)	10:11211		
BOYNTON BE	L 33437			h IBBIN BIRD	I NIBE 2048 ISIB BIIG BIIG							
2. Principal Pla			_									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			11272007	Chg-P	CR2E0	34 (12/06)		
City & State	:		City & State	City & State			4. FEI Numbe		-1		plied For Applicable	
Zip	Country Zip			Coun	try	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
SANTIAGO, JOSE A								santici				
9545 LISTOW TERR BOYNTON BEACH, FL 33437						Street Address (P.O. Box Number is Not Acceptable)						
,						5423 Sunseeker Blvd.						
							nocres		FL	3344	\$	
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 accept the obligations of registered agent.												
SIGNATURE / Islam Janting J												
Storium paled b benunctioning of registered apenand (titel) applicable INOTE: Registered Agent signature required when reinstating) DATE												
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AN	ND DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	PD GONZALE	TITL NAM	ì					☐ Change	Addition			
STREET ADDRESS CITY-ST-ZIP	9269 TALV BOYNTON	STR	EET ADDRESS (-ST-ZIP		1 O 12/26/	101134 10701050-	⊕60 -014	1 □1 **61.2	5			
TITLE	STD		☐ Delete	TITL						Change	☐ Addition	
NAME Street Address	SANTIAGO 5059 MAD	•		NAN STD	AE EET ADORESS							
CITY-ST-ZIP	DELRAY E	· ·			r-St-ZIP				T			
TITLE NAME	VD XX □ Delete IIITLE SANTIAGO, JOSE A.					VD		. •		☐ Change	X Addilion	
STREET ADDRESS	9545 LISTOW TERRACE SIR						lson Sa 3 Sunse	antiago eeker Bli	7đ			
CITY-ST-ZIP	BOYNTON	N BEACH, FL	При	CITI	r-S:-ZIP	Gre	enacres	s, Ft. 334	67	☐ Change	[T] Addition	
TITLE NAME			☐ Delete	NAA						Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET AODRESS Y-ST-ZIP							
TITLE			☐ Delete	Tife						☐ Change	Addition	
NAME STREET ADDRESS				NAM STR	ME Beet address						l I	
CITY-ST-ZIP				1	Y-ST-ZIP							
TITLE NAME			☐ Delete	TOTAL						☐ Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-ZIP	partify that the	information supplied	with this filing does not quali		Y-ST-ZIP	ontaino	d in Chapter 11	P. Florida Statutes	Liudher oor	tifu that the i-	formation	
12. I hereby certify that the information supplied with this filling does not quality 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.												
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FINE TOR DIRECTOR Date Dat												
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