


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 448251
 1. Entity Name
 HI-LO SWING STAGES, INC.



Principal Place of Business Mailing Address
 14011 N. W. 20 COURT 14011 N. W. 20 COURT
 BAY 14 BAY 14
 OPA LOCKA, FL 33054-1152 OPA LOCKA, FL 33054-1152



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1522269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KRAMER, JAMES M
 14011 NW 20TH COURT
 OPA LOCKA, FL 33054



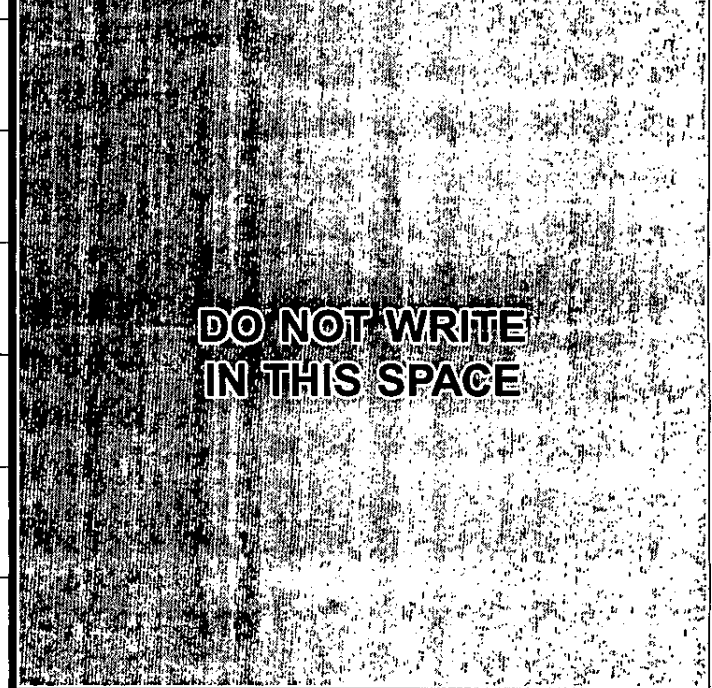
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000928417 05/21/08-80030-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP KRAMER, JAMES M 5254 NW 106 DR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRAMER, JAMES H 5254 NW 106TH DR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRAMER, JAMES M 5254 NW 106TH DR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 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: *James M. Kramer, Pres.* **JAMES M. KRAMER** 4-24-08 (305) 685-3752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #