2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 A

1. Entity Nam	MENT #609185		Secretary of S				
Principal Plac 1057 HILLSE #812 POMPANO B		Mailing Address 1057 HILLSBORO MILE #812 POMPANO BEACH, FL 33062	US	1 HOO(10 B3(1	. Anna institutati king niik	8 15 15 15 15 15 15 15 1	XIII
D	O NOT WRITE	IN THIS SPAC	CE	03032007 4. FEI Numb 59-188	No Chg-P	N	oplied For ot Applicable
	The second secon	The second secon	<u>.</u> • .	5. Certificate	of Status Desired	S8.75 Add	
	6. Name and Address of Current R	egistered Agent			•		
1180 SOU SUITE # 1	FREDRIC D. TH OCEAN BLVD 7F TON, FL 33432			NOT W			
8. The above the obligat	named entity submits this statement for ions of registered agent.	he purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flor	rida. I am familiar with	and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	d Agent signature required	t when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing \$5	.00 May Be led to Fees				
10.	OFFICERS AND D	IRECTORS		d,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRUHER, FREDRIC D. 1180 SOUTH OCEAN BLVD, # 17 BOCA RATON, FL 33432	F		· í		, Ab .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000000 03/28/07-	672352 80066-003 15	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			7 () () () () () () () () () (DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS						864 15.	ta Ca

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 ear address, with all other life empowered.

SIGNATURE:

CITY-ST-ZIP

IITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/45/07 86)-147-1080