

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90095 023 ***150.00

40075634



04162008 Chg-P CR2E034 (12/06)

4. FCI Number
59-2030139

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KACZMAREK, JOHN C., P.A.
900 N FEDERAL HWY
STE 310
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: **ANDREA WARD**
Street Address (P.O. Box Number is Not Acceptable):
5059 NE 13 AVE
OAKLAND PARK FL
City: **FL** Zip Code: **33334**

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 obligation of, registered agent.

SIGNATURE: *Andrea Ward, VP*

4/16/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contributions ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PST WARD, WILLIAM B 2154 N.E. 58TH STREET FT. LAUDERDALE, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP WARD, ANDREA 2154 NE 58 STREET FORT LAUDERDALE, FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: *Andrea Ward, VP* **ANDREA WARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 9547711911
Date Filing Date #