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## **FILED** Apr 25, 2008 08:00 AM Secretary of State

ANNUAL REPORT	•
DOCUMENT # 694683	Ī
1. Entity Name	

Principal Place of Business

3800 S OCEAN DR #311 HOLLYWOOD, FL 33019

Mailing Address

3800 S OCEAN DR #311 HOLLYWOOD, FL 33019



02212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2108229

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARFIELD, CHARLOTTE H. #311 3800 S OCEAN DR HOLLYWOOD, FL 33019

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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_	Signature typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000921877 05/15/08-80023-021 150.00		
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARFIELD, CHARLOTTE H. 3800 S OCEAN DR #311 HOLLYWOOD, FL 0,			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARFIELD, ALAN J 2378 BEACON HILL DR DUBUQUE, IA 52003						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE				
TITLE							

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR