2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

PRIVATE PLANT AND PRIVATE PLANT AND	1. Entity Nam	ne	# 720770 S WEST, INC.						01-22-2008	90067 006 ****	61.25
Suite, Aps. #, etc. Suite, Aps. #, etc. Country Suite, Aps. #, etc. Country Zip Country Zip Country Zip Country Zip State Shift, Number Shift, N	2211 NW 81	TERRACE	S	2211 NW	81 TERRACE	US	·)	PIRIMBE BE JEDI
City & State	2. Principal P	Place of Busine	ss - No P.O. Box #	3. Mailing Ad	ddress						
Special Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 And Application Responsibility	Suite, Apt.	#, etc.		Suite, Ap	ot. #, etc.			01142008	Chg-NP	CR2E037 (12/06	3)
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired S. Street Address (P.O. Box Number is Not Acceptable) P. L. I.P. S. D. V.M. I.F. E. FL Zip Code 3.7.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	'City'& State			City & State				F0 151007C			
SMOLLER, VIRGINIA R 2240 NW 81 TERRACE SUNRISE, FL 33322 8. The above named entity submits this statement for the purpose of changing its registered segent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered segent, or both, and statement for the purpose of changing its registered segent, or both, in the State of Florida. I am familiar with, and accept that no obligations of registered segent, or both, and accept the property of the pro	Zip Country			Zip C			1.5 Certificate of Status Desired 1.1 TT				
SMOLLER, VIRGINIA R 2240 N W I TERRACE SUNRISE, FL 33322 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent are state of Florida. Lam familiar with, and accept me obligations of registered agent are state of Florida. Lam familiar with, and accept me obligations of registered agent are state of Florida. Lam familiar with, and accept me obligations of registered agent are state of Florida. Lam familiar with, and accept me obligations of registered agent are state of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations or registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations or registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations or registered agent, or both, in the State of Florida. Lam familiar with, and accept me of Florida Plan familiar with, and accept		6. Name a	ınd Address of Current	Registered Age	ent			7. Name and Ad	dress of New R	tegistered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and useful apactors. FILING Fee is \$61.25 Due by May 1, 2008 FILING Fee is \$61.25 Due by May 1, 2008 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE RWLC NAME GREEN, LEROY SIRET ADDRESS SUNRISE, FL 33322 SUNRISE, FL 33322 SUNRISE, FL 33322 TILE V ALVAREZ, MARY SIRET ADDRESS SUNRISE, FL 33322 SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SUNRISE, FL 33322 SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SUNRISE, FL 33322 SIRET ADDRESS SIRET AD	2240 NW 8	81 TERRAC					Street Address (,		<i>T</i>	Ode
Due by May 1, 2008	8. The above the obligat	e named entity tions of registe	submits this statement for red agent.	or the purpose of	changing its re	rH	ed office or register	red agent, or both, i アカタトロ			th, and accept
TITLE	SIGNATURE					legistere	d Agent signature required	d when reinstating)			
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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 617, 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.

Philips Southord PHILIP SOLT HARD 1/14/08 954-745-970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #