2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #727354



FILED Apr 28, 2008 8:00 am Secretary of State

Principal Place of Business Mailing Address 100 OCEAN LANE DRIVE #104 KEY BISCANNE, FL 33149 MEY BISCANNE, FL 33149 MEY BISCANNE, FL 33149 MEY BISCANNE, FL 33149 MEXISTANDER MEXISTANDERS
Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired \$8,75 Additional Feo Required \$8,75 Addit
City & State Country Country Country S. Certificate of Status Desired \$8. 75 Additional Fee Required Fee Required Fee Required ROMANACH, ALEXANDER 100 OCEAN LANE DR UNIT 305 & 306 KEY BISCAYNE, FL 33149 City FL Zip Code City FL Zip
Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMANACH, ALEXANDER 100 OCEAN LANE DR UNIT 305 & 306 KEY BISCAYNE, FL 33149 City FL Zip Code 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, lyced or private name of registered agent and the Fapplotatio. Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE PD OCEAN LAN DER OCHANGES CITY-ST-ZIP KEY BISCAYNE, FL 33149 TILE DVPT INIE DVPT Delate ITILE NAME SIREET ADDRESS CITY-ST-ZIP Delate ITILE NAME NIETO, CARLOS SIREET ADDRESS CITY-ST-ZIP Delate ITILE DVPT NIETO, CARLOS SIREET ADDRESS CITY-ST-ZIP Delate ITILE DVPT Delate TITLE DVPT Delate TI
ROMANACH, ALEXANDER 100 OCEAN LANE DR UNIT 305 & 306 KEY BISCAYNE, FL 33149 City City FL Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and table # applicable. NOTE: Registered Agent signature required when reinstating) DATE FITTING Fee is \$81.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Addition Street Agent signature required when reinstating) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ROMANACH, ALEXANDER ROMANACH, ALE
Street Address (P.O. Box Number is Not Acceptable) City
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CITY-S1-ZIP 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 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.

SIGNATURE AND TYPED OR PRINTED MAJE OF SIGNAD OFFICER OR DIRECTOR	Dete	Daytime Phone #
SIGNATURE:		
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