2008 FOR PROFIT CORPORATION ANNUAL REPORT

Christy Complo, VPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

DOCUMENT #830918

FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90124 024 ***150.00

4 | 22 | 08 (305) 364-4101

Daytime Phone #

1. Entity Nam J.I. KISLA								
Principal Plac		Mailing Address 7900 MIAMI LAKES DR W			3000-			
ATTN CORP TAX MIAMI LAKES, FL 33016		ATTN CORP TAX Miami Lakes, Fl 33016				KIRRI KRIL BIRIL BIRKI	I BINIA NANA SIBIN ANSI	 11 12 12 13
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008 Chg-P	CR2	E034 (12/06)	
City & State		City & State			4. FEI Number 22-1039750		→	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Des	sired 🗌	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of	New Registere	d Agent	
RODQUEZ	Z, CHRISTY		Name	Comp	olo, Christy			
7900 MIAN	/II LAKES DR. W.	Street Addre		ddress (F	P.O. Box Number is Not Acce	eptable)		
MIAMI LAKES, FL 33016				7900) Miami Lakes D	rive We	st	
	₹.		City	Miam	i Lakes	F	Zip Code 3301	
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 Christy Complo, VPS Signature, typed or printed name of registered agent and title if applicable. (NOT). Registered.				ure required	when reinstating)		22 08 -	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu			00 May Be ed to Fees			
10.	OFFICERS AND	L DIRECTORS	11.		ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTORS	3 IN 11
TITLE	VPS	☐ Delete	TITLE	VPS			KX Change	Addition
NAME	RODRIQUEZ, CHRISTY	,	NAME		olo, Christy			
STREET ADDRESS CITY-ST-ZIP	7900 MIAMI LAKES DRIVE WES MIAMI LAKES, FL 33016	I	STREET ADDRESS CITY-ST-ZIP	1) Miami Lakes I ni Lakes, FL 3		st	
TITLE	DC	☐ Delete	TITLE		II DONCO / III O		☐ Change	Addition
NAME STREET ADDRESS	KISLAK, JAY I.		NAME STREET ADDRESS					
CITY-ST-ZIP	7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	KISLAK, JONATHAN I. 7900 MIAMI LAKES DR, W.		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP					
TITLE	DPT	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	BARTELMO, THOMAS 7900 MIAMI LAKES DR. W.		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			,	Change	Addition
name Street address	KISLAK, PHILIP T. 7900 MIAMI LAKES DR, W.		name Street address					
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	LUBOW, CHERYL	т	NAME STREET ADDRESS					
CITY-ST-ZIP	7900 MIAMI LAKES DRIVE WES HIALEAH, FL 33016	1	CITY-ST-ZIP					
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 an address, with all other like empowered.								