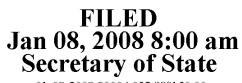
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT



A	1. Entity Nam	MENT #F0700003 DE PRESENTATION PROD		a de la companya de l		0004 037 ***150	).00		
2. Principal Place of Business - No PO. Box #   3.332 MILLION AND SUITE 106	Principal Place of Business Mailing Address				<i>∩</i>	いいつつつ			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1832008   Chg.P   CR2634 (12/06)	3332 WALDEN AVE SUITE 106		3332 WALDEN AVE SUITE 106		400	00 -			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1832008   Chg.P   CR2634 (12/06)					i janijan jiri	<b>i</b> ri) 1 <b>88</b> # <b>18</b> 14 <b>68</b> 14 <b>83</b> 14	INNU CANCE IIIN DIDII DIGCI (C		
City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
The Applicable   The	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008	Chg-P	CR2E034 (12/06)		
Country	City & State		City & State		4. FEI Number	-1538161	<del></del>	<del></del>	
S. Certification of contractions of current Registered Agent   S. Fee Required   S. Name and Address of New Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country			¢9.75 Au		
Name	·						Fee Require		
STREET ADDRESS OF THE		6. Name and Address of Current I	Registered Agent	Name	7. Name and	Address of New Re	gistered Agent	<del></del>	
8. 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.  SIGNATURE  Signature. Treated or printed name or registered agent and store 4 appetuates. (PDTE. Registered Agent signature required into meristating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fee Added t	3750 NW 114TH AVE SUITE 5								
8. 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.  SIGNATURE  Signature. Treated or printed name or registered agent and store 4 appetuates. (PDTE. Registered Agent signature required into meristating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fee Added t				City			Zin Cod	e	
SIGNATURE   Spatule. Repeat or printed name of registered agent and site of applicable. (INDE: Registered Agent signature recounted inner nemblaring) DATE    Particle   Description   D				<u></u>					
### After May 1, 2008 Fee will be \$550.00    10.	the obligations of registered agent.  SIGNATURE								
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CIIY-S1-ZIP   MIAMI, FL 33178		· ·							
THE NAME NAME NAME NAME NAME NAME NAME NAME									
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CITY-ST-ZIP	NAME	KELLY, KEVIN	55,010	1				_	
TILE THAT BRYLINSKI, MIKE STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP									
BRYLINSKI, MIKE 3332 WALDEN AVE SUITE 106 DEPEW, NY 14043  TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
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12. The early Certify friat 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 expowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Phone #