2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # F25932 [®] co., INC.				<u>นู</u> นบ~	04-07-2008	900 3 6 ()42 ***150	0.00
Principal Plac	e of Business	Mailing Address			72				
		-			•				
917 S DIXIE HWY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460			•	ļ	٠				
LAKE WURTE	1, FL 33400	LAKE WORTH, FL 33460	ļ						
Principal Place of Business - No P.Q. Box # 3. Mailing Address									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5. D/			'xie Huy			 			
Suite, Apt. #, etc. Suite, Apt. #, etc.			~IC IIU	4					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	' '	02262008	Chg-P	CR2E	034 (12/06)	
City & Stat	6 /246 61	City & State	City & State		4. FEI Number			⊢- +	plied For
Tip	Country	ake Worth,	Country		59-2078	265			t Applicable
Zip 38	3460 USA	33460	USA	5	5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent					Address of New R	Registered	Agent	
					•		-	-	
ALLAN PA									
7700 CON	Street A	Address (P.C	Box Number	is Not Acceptable	e)				
BOCA RA	<u> </u>								
	City				FI	Zip Cod	е		
# The above	named entity submits this statement for the	nursana of abanaina ita sa	aistorad affica a	e ragistarad	agant or both	in the State of El	neida Lam		and annoat
	tions of registered agent.	s purpose or changing its re	sgistered office of	i legistered	agent, or both	, in the State Of the	Jilua. Tali	i iarrillai witti,	and accept
J 3									
SIGNATURE.							<u> </u>		
	Signature, typed or printed name of registered agent and til	tle if applicable. (NOTE F	Registered Agent signat	ture required who	en reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				\$5.00 Added	May Be to Fees				
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTOR:	\$ IN 11
TIFLE	DP	Delete	TITLE					Change	Addition
NAME	SIKANEN, OSMO		NAME						
STREET ADDRESS	917 S DIXIE HWY		STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH, FL 00000,		CITY-ST-ZIP						
TITLE	ST	☐ Delete	TIPLE	VST!	D			(X) Change	Addition
NAME	SIKANEN,EILA	_ 500.0	NAME					_	
STREET ADDRESS	917 S DIXIE HWY		STREET ADDRESS						
CITY-ST-ZIP	LK WORTH, FL 00000,		CITY-ST-ZIP						
	EK WOKITI, TE 00000,			+					
INTLE -		☐ Delete	TITLE					Change	Addition Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	 				Change	☐ Addition
NAME		L Delete	NAME					L. Onanyo	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
OHIT-ST-EIF	1		0111-31-4F	1					

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: LITTO TO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

OSMO Sekaner, Pres 4/2/08

56/575/73/ Daytime Phone #

☐ Change ☐ Addition