2008 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED May 30, 2008 8:00 am Secretary of State

Country State Country	ANNUAL REPORT					Secretary or State			
Mallin, R. 23137 US 185 K. 591H STREET MAMI, FL 33137 US 185 K. 591H STREET MAMI, FL 33137 US 2. Principal Place of Business - No 2 0. Box # 2. Principal Place of Busines	1. Entity Nam	e					•		
Sule, Apt a. etc. Sule, Apt a.	185 NE 59TH STREET 185 NE 59TH STREET					- 1	8/1 8/8/1 8/3/1 8/8/1 8/8/1 8/8/1 8/8/		
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Secretary Secr	Suite, Apt. #, etc.				01282008	Chg-P	CR2E034 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Northe Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Nu	M	in the	MIAIF	U			<u> </u>	·	
DERIVAL EDNER 185 N.E. 50TH STREET MIAMI, FL 33137 8. The above named educy submits this statement flower purpose of changing its registered office or registered agent, or both, in the State of Florida. I am flamfar with, and accept the obligations of registery to great a flower speaker speak	33/3	Country	2 2 1 2 7 7	Country	5. Certificate	of Status Desired			
185 N.E. 55TH STREET MIAMI, FL 33137 8. The above named aftry submit this statement load or purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obtaining of registery principal agent. FILE NOWIII FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00 Prost Fund Compation Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE DEEP NAME SIRET ADDIESS CITY-51-2P INTE MAMI, FL 33137 Delete MAME SIRET ADDIESS CITY-51-2P INTE MAME SIRET ADDIESS CITY-51-2P CIT	6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
B. The above named of uty submits this statement to the obtodoors of reducing a statement to the obtodoors of reducing	185 N.E. 59TH STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named offlity submits this statement loader purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obtgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obsgodynors of registrated agent, or both, in the State of Florida. I am Jamiliar with, and accept the obsgodynors of registrated agent, or both, in the State of Florida. 10.	MIAMI, FL	MIAMI, FL 33137							
SIGNATURE CONTINUES CITY-S1-2P TILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees A			's s *	City		· · · · · · · · · · · · · · · · · · ·	FL Zip Coo	le	
ARTOR May 1, 2008 Fee will be \$55.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DERIVAL, EDNER 185 N.E. 59TH STREET 185 N.E. 59TH STREET MIAMI, FL 33137 TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRES	the obligations of registrate agent 2-4-08								
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS 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 chapter 607, containing the property of the

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #