2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99594

E. GÉRALD BLOCK, C.P.A., P.A.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

2500 N. FEDERAL HWY STE 300 FORT LAUDERDALE, FL 33305

Mailing Address

2500 NO. FED. HWY.

#300

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33305 US



No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2224282

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCK, E. GERALD 2500 N. FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Regi	istered Agent signature	a required when reinstating)	DATE		
FILE NOW!!! 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	U00000860840 04/02/08-80079-023 150.00	•	
10.	OFFICERS AND DIRECTORS					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BLOCK, GERALD E 2500 N FEDERAL HWY 300 FORT LAUDERDALE, FL 33305				•		
TOTLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS	,						

12. I hereby 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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.GELAND BLOCK

954-5-66-7077