

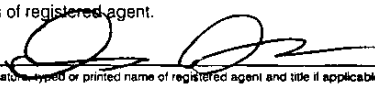
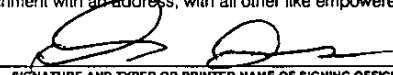


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G82673</b> 1. Entity Name <b>FLORIDA GUN CENTER, INC.</b>						<b>FILED</b> <b>08 SEP 15 PM 3:55</b> HALL COUNTY STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1770 W 38TH PLACE HIALEAH, FL 33012</b>				Mailing Address <b>1770 WEST 38TH PLACE HIALEAH, FL 33012-7072 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>59-2390189</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>PEREZ, ANDRES</del> <b>1770 W 38TH PLACE HIALEAH, FL 33012</b>				Name <u><b>Alexander A. Perez</b></u> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
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 <u></u> <span style="float: right;">9/18/2008</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PEREZ, ALEXANDER A.</b>			NAME	<b>800135964678</b> <b>09/16/08--01020--012 **150.00</b>		
STREET ADDRESS	<b>1770 W 38TH PL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HIALEAH, FL 33012</b>			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  9/18/2008 (305) 362-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #