2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State

ANNUAL REPURI					Secretary of S		
DOCU 1. Entity Nan SIPPERN					Sc	cretary or S	
Principal Plac	ce of Business	Mailing Address	<u> </u>	1			
% GERSON PRESTON		% GERSON PRESTON					
666 71ST STREET MIAMI BEACH, FL 33141		666 71ST STREET Miami Beach, Fl 33141					
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And the second				52-135		Not Applicable \$8.75 Additional	
	Mark the contract of the contr	27、4月1日,19、49、19、19、19、19、19、19、19、19、19、19、19、19、19		5. Certificate	of Status Desired	Fee Required	
ļ	6. Name and Address of Current Re	gistered Agent					
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7261 SW 42ND CT. DAVIE, FL 33314					THIS SPAC		
					I HIO SPAU		
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.							
l v							
SIGNATURE. (A. C. nature, hyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	U00000867 04/08/08-800	347 967-009 150.00	
10.	OFFICERS AND DI	RECTORS	100 满点的	12.4		建筑	
TITLE NAME	DPST SAVRANSKY, RAUL						
STREET ADDRESS	6660 71ST STREET						
CITY-ST-ZIP	MIAMI BEACH, FL 33141	· · · · · · · · · · · · · · · · · · ·					
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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 trusted 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:以

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 th MARCH 200)

305 868 431

Daytime Phone #