2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 16, 2007 08:00 AN Secretary of State

Caybina Phone #

1. Entity Nam	MENT # H08921				3	ecretary	oi Stai	
Principal Plac 3105 FEDER DELRAY BEA	AL HIGHWAY	failing Address 3105 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33444	US					
D	O NOT WRITE I		CE	01092007 4. FEI Numb 59-242		CR2E034 (11/0	Applied For Not Applicable	
WATCHARINKARN, ONGARD 9842 AQUAVISTA BLVD LAKE WORTH, FL 33463				DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent. Signature, hiped or printed name of registered agent and bits E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		d Agent signature rec	stered agent, or bo suired when reinstating) \$5.00 May Be Added to Fees	th, in the State of Flor	ida. I am tamillar wi	th, and accept	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD WATCHARINKARN, ARUNRAT 9342 AQUA VISTA BLVD BOYNTON BEACH, FL 33437	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATCHARINKARN, ONGARD 9342 AQUA VISTA BLVD BOYNTON BEACH, FL 33437	<u>.</u>			0000009 01/16/07-4	586411 30052-009 1	.50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		***************************************	
title Name Street Address City-St-Zip				IN '	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Elia dan maria da sa		lead to Change	Parido Cintara 15	indiana madifi. If and the	lafa um añ	
indicated of the cor changed.	certify that the information supplied with this on this report or supplemental report is true portation or the receiver or trustee empowers or on an attachment with an address.	ising does not quality for the ext and accurate and that my signal ad to execute this report as requi all other like empowered.	emptions conta ture shall have red by Chapter	ined in Unapter 119 the same legal effect 607, Florida Statute	 Fronta Statutes. If the as if made under or as; and that my name 	urmer certify that the ath; that I am an office appears in Block 10	e information per or director or Block 11 if	