
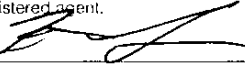
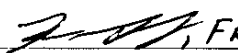


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 016 ***150.00

DOCUMENT # J43617 1. Entity Name 5400 N. DIXIE, INC.					
Principal Place of Business 2885 SIERRA PINE DR LANTANA, FL 33462 US			Mailing Address 2885 SIERRA PINE DR LANTANA, FL 33462 US		
2. Principal Place of Business - No P.O. Box # 630 MARINERS WAY BOYNTON BEACH, FL 33435 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 1392 BOYNTON BEACH, FL 33425 <small>Suite, Apt. #, etc.</small>			
City & State _____		City & State _____		4. FEI Number 59-2749902	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFASO, FRANK : 2885 SIERRA PINE DR LANTANA, FL 33462				7. Name and Address of New Registered Agent Name LOFASO, FRANK Street Address (P.O. Box Number is Not Acceptable) 630 MARINERS WAY BOYNTON BEACH, FL City BOYNTON BEACH, FL Zip Code 33435	
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  PRESIDENT, DIRECTOR DATE 3/5/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFASO, FRANK 2885 SIERRA PINE DR LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFASO, FRANK 630 MARINERS WAY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABEEL, LISA L 3039 BURRLAND LANE THE PLAINS, VA 20198	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  FRANK CARL LOFASO, PRESIDENT DATE 3/5/08 DISTRICT PHONE # 561-503-8442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					