2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam TREES F	ne	# J94433 5, INC.					02-04-2008 90030 030 ***150.00				
Principal Plac % THOMAS F 6550 N FEDI FT. LAUDERD	R. SAWYER IERAL HWY # DALE, FL 33	#330 3308	Mailing Address % THOMAS R. SAWYER 6550 N FEDERAL HWY #330 FT. LAUDERDALE, FL 33308								
_ '	. OAKL	AN PARK BLW	Suite, Apt. #, etc.			01292008	Chg-P		34 (12/06)		
City & State			City & State	1 -			per NAA22		<u> </u>	plied For	
FF. LAUDERDAE FL Zip Country			Ft. LAUDERDALE Zip Spuni			65-000			No. \$8.75 Add	t Applicable litional	
3333		BROWARD a and Address of Current F	33334 Registered Agent	GRO	ntry WARD	_	d Address of New		Fee Required		
SAWYER, 6550 N FE FT. LAUDE	THOMAS	S R. IWY #330	Tograma and Togram		1400 F	fress (P.O. Box Numb	er is Not Acceptab	K BL	VD #	./02	
8. The above	named entit	ly submits this statement fo	r the purpose of changir	na its register	City F + LA	LUDELDAL egistered agent, or bo	Enth in the State of F	FL Florida, Lam f	333.	3 4 and accept	
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 Signature, typed or printed name of registered agent and life if applicable. INOTE Registered Agent signature registrating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	DP	OFFICERS AND I		11.		ADDITIONS	/CHANGES TO OF	FICERS AND			
TITLE NAME	SAWYER, THOMAS R.							_	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	EDERAL HWY # 330 DERDALE, FL			EET ADDRESS /	400 E.OA Ft. LAUDO	KLAND FDD4LE	MARK	BLVL) # 10Z	
TITLE			☐ Delele	TITLE	E	ring	<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS	1			NAMI STRE	ME EET ADDRESS						
CITY-ST-ZIP					'-ST-ZIP						
NAME			☐ Delete	HITLE NAMI	I				☐ Cirange	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS						
TITLE	 		☐ Delele	TITLE	/-ST-ZIP E			•	☐ Change	☐ Addition	
NAME STREET ADDRESS				NAMI	KE						
CITY-ST-ZIP					EET ADDRESS '- S1 - ZIP						
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS				STRE	EET ADDRESS						
CITY-ST-ZIP			Delete	CITY	'-ST-ZIP	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			☐ Change	Addition	
NAME			L Detete	NAME					□ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-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: 1/3=/58 954-491-7233											
SIGNAL	OKL	SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OF	FICER OR DIRECT	TOR		Date		aytime Phone #		