2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K15584

CRAMPTON AND ASSOCIATES, P.A.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

975 ARTHUR GODFREY ROAD

104 MIAMI BEACH, FL 33140 Mailing Address

C/O IVAN A. GOMEZ, ESQ

601 BRICKELL KEY DRIVE SUITE 507

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0027368 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

IAG CORPORATE SERVICES INC

6. Name and Address of Current Registered Agent

601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

				•	
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	spplicable (NOTE Registered Ag	gent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	· · ·	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMPTON, DONALD R. 975 41ST STREET #1044 MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000809476 02/08/08-80025-002 150.00		
TITLE NAME					

DO NOT WRITE IN THIS SPACE

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 of ment with an address, with all other like changed, or on an atta

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP