2008 FOR PROFIT CORPORATION ANNUAL REPORT

Pard 7/2 **DOCUMENT # K46837** 1. Entity Name Jul 67, 2008 08:00 AM Secretary of State SPECIAL LIBRARIES BOOK SERVICE, INC. Principal Place of Business Mailing Address 1521 ALTON RD 1521 ALTON RD MIAMI, FL 33139 MIAMI, FL 33139 CR2E034 (11/05) 07012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0085426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONEY, SANDRA K DO NOT WRITE 1521 ALTON ROAD #345 IN THIS SPACE MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000953564 FILE NOWI!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be <u>07/0</u>7/08-80003-008 550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME MONEY, JOHN S 1521 ALTON RD STE 345 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS

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 contracts on the receiver contracts in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP