2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 11, 2008 8:00 am DOCUMENT # K64917 Secretary of State 1. Entity Name 02-11-2008 90063 010 ***150.00 CHRISTIAN WAIDELE & ASSOCIATES INCORPORATED Principal Place of Business Mailing Address 180 ISLE OF VENICE DRIVE, #333 FT_LAUDERDALE FL 33301 180 ISLE OF VENICE DRIVE, #333 FT. LAUDERDALE FL 33301 rema de 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For 65-0110282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAIDELE, CHRISTIAN 180 ISLE OF VENICE DRIVE, #333 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 Zip Code 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. 1 resu FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE WAIDELE, CHRISTIAN NeME NAME STREET ADDRESS 180 ISLE OF VENICE DRIVE, #333 STREET ADDRESS City-St-ZiF FT. LAUDERDALE FL 33301 CITY-ST-ZIP TITLE Delete TITLE WAIDELE, MIRNA 180 ISLE OF VENICE DRIVE, #333 STREET ADDRESS STREET ADDRESS OffY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST- 70 TIDE ☐ Derete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Daiete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1- ZIP TITE F ☐ Delete TETLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 attachnie with an address, with all other like empowered.