FILED Apr 29, 2008 8:00 am Secretary of State

2008	ANNUAL REPORT	IUN

1. Entity Nam	ie	#L52150 NATIONAL, INC.						04-29-2008	90085 ()50 ***15	50.00
Principal Place of Business 5000 NW 36THSTREET SUITE 307 MIAMI, FL 33122 US		Mailing Address P O BOX 660880 SUITE 307 MIAMI SPRINGS, FL 33266 US			40088725						
2. Principal P	lace of Busin	ness - Na P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03252008	Chg-P	CR2E0	34 (12/06)		
City & Stat	e		City & State				4. FEI Numb 65-017			No	plied For t Applicable
Zip		Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent		Name		7. Name and	d Address of New R	egistered A	gent	
O'NAGHTE 2950 SW 2 MIAMI, FL	27TH AVE	T NUE, SUITE 300			Street A	ddress (P.O. Box Numb	er is Not Acceptable	:)		
					City	ry FL Zip Code				9	
	named entit		r the purpose of changing its	registere	d office or	register	ed agent, or bo	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE.			Alexander of the second of the	· · ·					D. 15°		
	Signature, typed	or printed name of registered agent a	and little if applicable. (NOTI	E: Reg-stere	d Agent signati	are required	when reinstating)	<u> </u>	DATE		
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing	\$5. Add	.00 May Be ed to Fees				
10.		OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	V PROIA, J	AMES	☐ Delete	TITLE						Change	Addition
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TITLE	CEOP .		☐ Delete	TITLE		P				Change	☐ Addition
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TITLE NAME	ASAT PALMER,	JOHN	☐ Delete	TITLE						☐ Change	☐ Addition
STREET AODRESS	1031 EXE	CUTIVE PARKWAY		STRE	ET ADDRESS						
CITY-ST-ZIP TITLE	-	OUIS, MO 63141	C pulse	-1	- ST-ZIP					Change	☐ Addition
NAME			NAM						C Change	Addition	
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TITLE	D	IOLINI C	☐ Delete	TITLE						☐ Change	Addition
name Street address	HAUCK, . 1031 EXE	CUTIVE PARKWAY		nam Stre	et address						
CMY-ST-ZIP		OUIS, MO 63141		_	- ST - ZIP						
TITLE NAME	S ONAGHT	EN, JUAN T	☐ Delete	TITLE						Change	Addition
STREET ADDRESS CITY-ST-ZIP	2950 SW MIAMI, FL	23 AVE STE 300 L 33133		1	et adoress -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 cath; 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.											
SIGNAT	URE:	310					4-16	08			655
	_	SIGNATURE AND TYPES OR F	RINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR			Date	0	aytime Phone #	_

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

	_ /	ANNUAL	REPORT				MITAG	UNCL	41	
1. Entity Nar	ne	#L52150								
Principal Plac	ce of Busines		Mailing Address		·					
5000 NW 36	6THSTREET		P 0 B0X 660880							
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MIAMI, FL 3	33122 U	S	MIAMI SPRINGS, FL 3:	3266	US	<i></i>	1572	720	7	ora (1 11 11 11
		ness - No P.O. Box#	3. Mailing Address			_	P000	0.10	CK	
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.			03252008	Chg-P	CR2E(034 (12/06)	
City & Sta	te		City & State			4. FEI Numbe 65-017			N	ot Applicable
Zip		Country	Zip 	Coun	ntry 	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New	Registered	Agent	
00140117		-			Name					
O'NAGHT 2950 SW : MIAMI, FL	27TH AVE	NUE, SUITE 300			Street Address	(P.O. Box Numbe	er is Not Acceptab	ofe)		
,,,, c	. 00100									
					City	,		FL		
	named entitions of regis		the purpose of changing its	register	ed office or regist	ered agent, or bot	h, in the State of F	Porida. Iam	familiar with,	and accept
SIGNATURE.	Signature Deep	or printed name of registered agent ar	M little if applicable (AICTI	- Reputara	d Agent signature requir	ari when reinglation)		DATE		
	oignamia, typac	O printed state of registered again at	- Total approach. (NOT)	riogiaturo	- Agent agricule requi)				
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campai Trust Fund Cont			5.00 May Be ided to Fees				
10.		OFFICERS AND D	PIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
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TITLE	•		☐ Delete	TITLE	As	1. 1. 11.			Change	🛂 Addition
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STREET ADDRESS CITY-ST-ZIP	j .					D NW 365	trait oni	pr 20.1		
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indicated of the cor	on this repor poration or th	t or supplemental report is t	his filing does not qualify for rue and accurate and that me vered to execute this report the all other like empowered.	ıy signatı	ure shall have the	same legal effect	as if made under	oath; that I a	am an officer	or director
010111		YIN Y				16_	16-08	305	87/21	255
SIGNAT	URE: _	SIGNATURE AND THEE OR PRI	NTED NAME OF SIGNING OFFICER (R DIRECT	OR		Date		aytime Phone #	200

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

	ANNUAL	REPORT		ALIACHMEM
1. Entity Naf	MENT # L52150 TR INTERNATIONAL, INC.			
Principal Pla 5000 NW 31 SUITE 307 MIAMI, FL 3		Mailing Address P O BOX 660880 SUITE 307 MIAMI SPRINGS, FL 3326	6 US	
	Place of Business - No P.O. Box #	3. Mailing Address		700887a5
Suite, Apt		Suite, Apt. #, etc.		03252008 Chg-P CR2E034 (12/06)
City & State City & State			4. FEI Number Applied For 65-0174270 Not Applicable	
Zip 	Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
	EN, JUAN T 27TH AVENUE, SUITE 300 _ 33133		Street Address	(P.O. Box Number is Not Acceptable)
,			City	FL Zip Code
	tions of registered agent.	the purpose of changing its reg	istered office or registe	ared agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: Re	gistered Agent signature require	od when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		6.00 May Be ded to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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indicated	on this report or supplemental report is to poration or the receiver or trustee empoy	rue and accurate and that my si	gnature shall have the	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if