## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

					ciary or Su	111	
DOCUMENT # L55777  1. Entity Name 200 14, INC.					2008 90048 047 ***150		
Principal Plac	ce of Business	Mailing Address		######################################			
1208 NE 4TH AV E 1208 NE 4TH AV E							
FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 3			33304				
TOKT BIODE	INDICE, IE 33304	TORT BIODERDALE, TE	,	·			
1							
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	<del>       </del>	plied For	
		<del>-</del>		65-0177485		t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	esired   \$8.75 Add Fee Require		
	S. Name and Address of Current	Projectored Agent	<del> </del>	7 Name and Address of		<u> </u>	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
PATERMOSTRO, JOSEPH				r van iu			
	STH ST STE 101		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33161							
			City	City Zip Code			
·AL				<del></del>	FL	<u> </u>	
	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or both, in the Sta	te of Florida. I am familiar with,	and accept	
inc obliga	: ;						
SIGNATURE.	± 5 <sup>2</sup>						
	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE	: Registered Agent signature	required when reinstating)	DATE	•	
		O Flooring Comme	<b>-</b>	25.00			
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Adde				\$5.00 May Be Added to Fees			
Arter M	ay 1, 2000 Fee Will be \$550.	.00	.54,610	, 2000 to 1 005			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	S IN 11	
TITLE	PT	☐ Detete	TITLE 🗜	7	<b>≥</b> Change	☐ Addition	
NAME	FERREIRA, MARIA		NAME F	erzetra , mari a 856 1656 N.W.	38 ST.		
STREET ADDRESS	13 <del>08 NE 4TH</del> CT						
CITY-ST-ZIP	FORT LAUDERDALE, FL 3330	4	CITY-ST-ZIP C	ALLAND PARIL	FL 33309		
TITLE		☐ Delete	TITLE	•	☐ Change	Addition	
NAME			NAME				
STREET ADDRESS	:		STREET ADDRESS				
CITY-ST-ZIP		<del>-</del>	GITY-ST-ZIP	<del></del>		-	
TITLE	Į	☐ Delete	TITLE		Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	1	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	1		NAME				
			STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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 try 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 empoyed 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/10/08

305 895-7355

☐ Change ☐ Addition