

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90041 042 \*\*\*150.00

40014203



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0194453 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DAVID, ALAN  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BEDZOW, MICHAEL ESQ
STREET ADDRESS	20803 BISCAYNE BLVD #200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	V
NAME	DAVID, ALAN M
STREET ADDRESS	20803 BISCAYNE BLVD., STE 200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	S
NAME	DURAND, JUDITH SALOMON
STREET ADDRESS	20803 BISCAYNE BLVD., STE 200
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	T
NAME	MOORE, RUTHANN
STREET ADDRESS	20803 Biscayne Blvd., Ste 200
CITY-ST-ZIP	Aventura, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #