## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business 3003 N.W. 7 STREET MIAMI, FL 33125  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.	ır
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MIAMI, FL 33125  MIAMI, FL 33125  Suffe, Apt. #, etc.  Suffe, Apt. #, etc.  Suffe, Apt. #, etc.  Suffe, Apt. #, etc.  City & State   Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City	ıt
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.   Suite, Apt. #, etc.   O2062008   ChgP   CR2E034 (12/06)  City & State   City & State   4. FEI Number   59-2751286   Applied For   Not Applied For   Sp-2751286   Applied For	ıt
Suite, Apt. #, etc.    Suite, Apt. #, etc.   O2062008   Chg.P   CR2E034 (12/06)	ıt
Suite, Apt. #, etc.    Suite, Apt. #, etc.   O2062008   Chg.P   CR2E034 (12/06)	ıt
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Sp. 2751286  Country  S. Certificate of Status Desired Status Desired Sp. 275 Additional Fee Required  Respectively  FL Zip Code  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL 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 acceptable of the obligations of registered agent.  SIGNATURE  Spriature, typed or prinsed name of registered agent are still applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN IN IN IN IN INTERMENTATION	
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent, and title if applicable.  (NOTE: Registered Agent agenture required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS IN 11  TITLE  PD  Change Added  Change Added  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
Name   Street Address (P.O. Box Number is Not Acceptable)	
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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 it made under oath; that I am an officer or direct	

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 ordin; that I am an office 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

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Date Dan

Daytime Phone #