## 2008 FOR PROFIT CORPORATION

## FILED May 05, 2008 8:00 am Secretary of State

ANNUAL REPORT												_			
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DOCUMENT #  1. Entity Name KENNETH LISZEW:	•				* `		90231 044 ***1	50.00			
Principal Place of Business		Mailing Address			400961	31					
7442 N TAMIAMI TR		16528 N DALE MABRY	,								
STE B					•						
	US		US		 		BITH BIRN RING BITH BIRN				
2. Principal Place of Busines	ss - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01182008	Chg-P	CR2E034 (12/0	6)				
City & State	City & State			4. FEI Number 65-0055			Applied For Not Applicable				
Zip	Country	Zip	Coun	ntry	5. Certificate of	of Status Desired	See Required				
6. Name a	nd Address of Current R	egistered Agent			7. Name and	Address of New R	egistered Agent				
CANDEDO MALTED				Name							
SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618				Street Address (P.O. Box Number is Not Acceptable)							
7.1											
•				City			FL Zip C	ode			
8. The above named entity s	submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar w	ith, and accept			
the obligations of register	red agent.	11/1/	)				1/2				
SIGNATURE // ALLE	ander-	Walter Sa	nde	222_			4/30/08				
Signature, typed or	printed name of registered agent an	d title if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating)		DATE				
	FEE IS \$150.00 Fee will be \$550.00	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees						
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/(	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11			
TITLE PST	OTTIOL NO FETILO D	Delete	TITL		ABBITIONO	3. 1.4.4.4.2.5 1.0 0.1.1	☐ Chang				
	I, KËNNETH		NAM								
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STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				r-ST-ZIP							
	information supplied with t	his filing does not qualify to			l in Chapter 119	Florida Statutes I	further certify that th	e information			
I hereby certify that the indicated on this report of the corporation or the changed, or on an attact.	or supplemental report is t	rue and accurate and that r	my signa	ture shall have the	same legal effect	as if made under o	path; that I am an offi	cer or director			
changed, or on an attac	hment with an address, w	th all other like empowered	. as requi	and by Grapter 607	, i wida siaidibi	, are coursely name	Capped III DIOCK II	O O DIOON II II			
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