2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

1. Entity Name	MENT # N000000					02-25-2008	90037 029	****61.2	25	
Principal Place of Business 3030 EUNICE AVE. ORLANDO, FL 32808		Mailing Address 3030 EUNICE AVE. ORLANDO, FL 32808			4003	ient sphraeni sem	FORM FORM FOR DIN		[[] W	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		-	4. FEI Numbe 59-3673				plied For at Applicable	
Zìp	Country	Zip	Cou	ntry	5. Certificate of	of Status Desired		\$8.75 Add ee Require		
·	6. Name and Address of Cum	ent Registered Agent	i		7. Name and	Address of New	Registered A	gent		
TOPPES	CARMELO	•	Name Car			melo Ruiz				
TORRES, CARMELO 1653 DÜNLAP DR DELTONA, FL 32725					ss (P.O. Box Numbe		ble)			
DEE1010,	,				30 Eunice ave			To Code		
			ļ	City orlando			FL 32808			
the obligati	named entity submits this statementions of registered agent.	Ruis	J	,			2-20-	-08°	·	
SIGNATURE	Signature, typed or printed name of registered s	gent and title applicable. (NOTI	E: Registered	Agent signature req	uired when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered e Filling Fee is \$61.25 Due by May 1, 2008	gent and title applicable. (NOTI 9. Election Car Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees	F.	Make check	payable to ment of S	tate of	
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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 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 617, 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

02-20-08 407-340-0344 Date Desystre Phone #