2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50644

FILED Jan 06, 2008 Secretary of State

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
60 SE 8 S IIALEAH,	ST FL 33010			
Current Mailing Address:		New Mailing Address:		
P.O. BOX IIALEAH,	111273 FL 33011			
El Number	: 65-0364491	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
400 SW 1	157 STREET			
IIAMI, FL he above	157 STREET 33157 US	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
400 SW 7 IIAMI, FL the above the State	157 STREET 33157 US named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
400 SW 7 IIAMI, FL the above the State	157 STREET 33157 US named entity se of Florida. RE:	submits this statement for the p ic Signature of Registered Ago		ed office or registered agent, or both, Date
400 SW 7 IIAMI, FL The above In the State	157 STREET 33157 US named entity se of Florida. RE:	ic Signature of Registered Ag	ent	
400 SW 7 IIAMI, FL The above In the State	157 STREET 33157 US e named entity se of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ago TORS: Delete	ent	Date
400 SW / IIAMI, FL he above the State IGNATUI PFFICER: tte: ame: ddress:	157 STREET 33157 US e named entity se of Florida. RE: Electron S AND DIREC PD () PEREZ, JOEL, 8400 SW 157TI MIAMI, FL	ic Signature of Registered Agr TORS: Delete H STREET	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL PEREZ PD 01/06/2008