## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2008 8:00 am Secretary of State 03-27-2008 90030 015 \*\*\*\*61.25

City & State  City & State  Country  Country  S. Certificate of Status Desired Set-7652412  S. Certificate of Status Desired Set-766 Rev Registered Agent  7. Name and Address of New Registered Agent  Name PROFESSIONAL MANAGEMENT, INC 9095 SW 987 AVE STE A777 MIAMI, FL 33176  Street Address (P.O. Box Number is Not Acceptable)  St	Mailing Address 9095 SW 87 AVE 777 MIAMI, FL 33176 US
RENDALL OAKS PROFESSIONAL CENTER III	Mailing Address 9095 SW 87 AVE 777 MIAMI, FL 33176 US
SUITE, APL #, EIC.  SUITE,	9095 SW 87 AVE 777 MIAMI, FL 33176 US
MIAMI, FL 33176 US  MIAMI, FL 33176 US  MIAMI, FL 33176 US  Suite, Apt. #. etc.  City & State  City & State  City & State  City & State  4. FEI Number S5-0552412  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired	MIAMI, FL 33176 US
Suite. Apt. #, etc.  City & State  Chy & St	
City & State  Country  City  City  FL  City	3. Mailing Address
Secondary   Seco	Suite, Apt. #, etc. 02112008 Chg-NP CR2E037 (12/06)
S. Certificate of Status Desired Lagent  7. Name and Address of New Registered Agent  PROFESSIONAL MANAGEMENT, INC 9095 SW 987 AVE STE A777 MIAMI, FL 33176  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 the obligations of registered agent and rise 4 applicable.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  35. Certificate of Nature Plants in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agen	City & State         4. FEI Number 65-0552412         Applied For Not Applicable
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B. The above named entry submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE    Signature   Trust	Street Address (P.O. Box Number is Not Acceptable)
the obligations of registered agent.  SIGNATURE    Signature, roped or printed name of registered agent and pite if applicable.   (NOTE Registered Agent signature required when renetating)   DATE	City FL Zip Code
Filing Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  VD  MIAMI, FL 33176  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI, FL 33176  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI, FL 33176  TITLE NAME STREET ADDRESS CITY-ST-ZIP	r the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Due by May 1, 2008  Trust Fund Contribution. Added to Fees Florida Department  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE STD	and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
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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 eath; 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>305-270-087</u>0