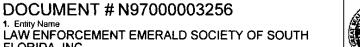
2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





40040803

FILED

Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90019 034 ****61.25

FLORIDA, INC.

| 10031 N.W. 27TH TERRACE P.O. | | | | ailing Address .O. BOX 226822 IIAMI, FL 33122 | | | | l (apilla) b)a | | | | |
|--|--|--|--------|---|-----|------------------|--|--------------------------------|---------------------|---------------------------|-------------|------------|
| 2. Principal Place of Business - No P.O. Box # 3. Ma | | | | Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 03122008 | Chg-NP | CR2E0 | 37 (12/06) | |
| City & State | | | City | & State | | | 4. FEI Numbe 65-0773 | | | | oplied For | |
| Zip | ip Country | | | Zip Coul | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Re | | | | red Agent | | | | 7. Name and | Address of New | Registered | <u> </u> | |
| HAYES, SEAN 10031 N.W. 27 TERRACE MIAMI, FL 33172 | | | | | | Name Street A | ddress (F | P.O. Box Numbe | er is Not Acceptal | ble) | - | |
| | | | | | | City | | | | FL | Zip Cod | le |
| 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 accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | | 9. Election Campaign Fir Trust Fund Contribution | | | | \$5.00 May Bo Added to Fees | O | Action 1989 Sept. Sept. 1 | k payable t | 10.5 |
| 10. OFFICERS AND DIR | | | ECTORS | | 11. | | P | ADDITIONS/CHA | ANGES TO OFFIC | CERS AND D | IRECTORS IN | l 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DELANO, PO BOX 2 MIAMI, FL | 226822 | | □ Delete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V REILLY, PATRICK PO BOX 30573 PALM BEACH GARDENS, FL 33420 | | | | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JAMES, MOYER 4974 SW 102 AVENUE COOPER CITY, FL 33327 | | | • | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PASSERO, ROGER 1901 N. ATLANTIC BLVD. #S513 FORT LAUDERDALE, FL 33305 | | | | | | 60 FT. | o w. ba bauner | 15 CXAS 2DACE, F | GV. # € 333 | 1305 12 | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | i | SHAWN PESIDE CIRCLE ITON, FL 33414 | | ☐ Delete | • | | | | | | ☐ Change | ☐ Addition |
| TATLE NAME: STREET ADDRESS CITY-ST-ZIP | D HAYES, S 10031 NV MIAMI, FL | V 27TERRACE | | ☐ Delete | | i | | | | | ☐ Change | ☐ Addition |

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 if made under cath; that I am an officer or director of the corporation or the receiver or truetee 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:

Keith Delano SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR