2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002061

City-St-Zip:

FILED Apr 15, 2008 Secretary of State

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Entity Nai	me: WCYML	JSIC BOO	OSTERS, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
	29 AVE, #711 KE PINES, FL	33028							
Current Mailing Address:					New Mailing Address:				
	29 AVE, #711 KE PINES, FL	33028							
FEI Number:	: 65-1137872	FEI Nu	mber Applied For()	FEI Numb	er Not Appli	cable ()	Certific	ate of Status Desired ()	K)
Name and	Address of (Current I	Registered Agent:	l	Name and	Address o	f New Reg	gistered Agent:	
15650 SW	S, HOLLY A 16 CT KE PINES, FL	33029	US						
	named entity e of Florida.	submits t	this statement for the p	urpose of	changing it	s registered	d office or	registered agent, or	both,
SIGNATUR	RE:								
	Electro	nic Signa	ture of Registered Age	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DT (SHEERER, RA 15639 SW 16 PEMBROKE P	ST	33027	1 4	Title: Jame: Address: Dity-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DVP (CONFER, HEA 1140 NW 144 / PEMBROKE P	AVENUE	33028	1	ītle: Jame: Address: Dity-St-Zip:		() Change	() Addition	
Title: Name: Address:	() Delete		1	itle: lame: \ddress:	DP MORALES, I 15650 SW 1	HOLLY A	(X) Addition	

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.

City-St-Zip:

SIGNATURE: HOLLY MORALES DP 04/15/2008

PEMBROKE PINES, FL 33027