## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000039801

MIAMI, FL 33144

City-St-Zip:

Entity Name: FORESTVILLE CORPORATION

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6990 S.W. MIAMI, FL	8TH STREET, 33144	2ND FLOOR			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6990 S.W. 8TH STREET, 2ND FLOOR MIAMI, FL 33144			10145 NW 19TH ST MIAMI, FL 33172		
FEI Number:	65-0084398	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GASTEAZ( 6990 SW 8 MIAMI, FL	DRO, RICARD TH STREET # 33144 US	O 1200			
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	t	Date	
Election Carr	paign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FARREL, RONA	STREET, 2ND FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MILLS, ROBER	STREET, 2ND FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FLYNN, SEAN	Delete STREET, 2ND FLOOR 44	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	GASTEAZORO,	Delete RICARDO STREET, 2ND FLOOR	Title: Name: Address:	( ) Change ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICARDO GASTEAZORO O 04/17/2008