## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 8:00 am Secretary of State

Principal Place of Business
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite. Apt. #, etc.   Suite. Apt. #, etc.   O1042008   Chg-P   CR2E034 (12/06)  City & State   City & State   Applied For   Not Applicable   Not Applied For   No
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.
City & State  Country  Coun
Country   Country   Country   Status Desired   \$8.75 Additional Fee Required   \$8.75 Additio
S. Certificate of Status Desired   Fee Required
Name   Street Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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:   Signature:   Signature:   Impediate of impolesable   Impediate of impolesable   Impediate of Agent segreture required amount environmentating)   DATE
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code
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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and after displicable   (NOTE: Registered Agent signature required when remistating)   DATE
8. The above named entity submits this statement for the purpose of changing its 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 alter of applicable.  Signature, typed or printed name of registered agent and alter of applicable.  PLOTE: Registered Agent segrature required when rematating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Campaign Financing Added to Fees  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PD  NAME  WASHINGTON, FRANCO R  SIREE! ADDRESS  CITY-SI-ZIP  SUNRISE, FL 33323  CITY-SI-ZIP  TITLE  VPS  MARLENE, FRANCO R  MARLENE, FRANCO R  SIREET ADDRESS  CITY-SI-ZIP  TITLE  VPS  MARLENE, FRANCO R  SIREET ADDRESS  CITY-SI-ZIP  TITLE  MARLENE, FRANCO
SIGNATURE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD OBIGE INTEL NAME WASHINGTON, FRANCO R SIREET ADDRESS CITY-SI-ZIP  TITLE VPS MARLENE, FRANCO R SIREET ADDRESS SUNRISE, FL 33323  CITY-SI-ZIP  TITLE MARLENE, FRANCO R SIREET ADDRESS SUNRISE, FL 33323  CITY-SI-ZIP  TITLE MARLENE MARLENE, FRANCO R SIREET ADDRESS SUNRISE, FL 33323  CITY-SI-ZIP  Delete TITLE MARLE MARLENE
## After May 1, 2008 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    10.
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NAME         MARLENE, FRANCO R         NAME           STREET ADDRESS         3252 NW 121 AVE         STREET ADDRESS           CITY-ST-ZIP         SUNRISE, FL 33323         CITY-ST-ZIP           TTILE         Delete         TILE           NAME         NAME         NAME
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NAME NAME
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I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.15, inclined solubles, i further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE: X

SIGNING OFFICER OR DIRECTOR

(954) 484-4942

Daytime Phone #