## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## May 01, 2008 8:00 am Secretary of State 05-01-2008 90251 025 \*\*\*150.00 **DOCUMENT # P00000042196** 101 MONUMENT ROAD, INC. Principal Place of Business Mailing Address C/O ATLANTIA HOLDINGS C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business - No P.O. Box # 645 E. Dania Beach Blvd. Chg-P CR2E034 (12/06) 04142008 645 E. Dania Beach Blvd. Dania Beach, FL 33004 Applied For 4. FEI Number Dania Beach, FL 33004 65-1001863 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR Chris A. Economou 645 E. DANIA BEACH BLVD. DANIA, FL 33004 645 E. Dania Beach Blvd. Dania Beach, FL 33004 Zip Code 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 above name the obligation SIGNAT inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 PD BLACKBURN, A Delete ☐ Change ☐ Addition TIRE THE 645 E. DANIA BEACH BLVD. STREET ADORE STREET ADDRESS DÁNIA BEACH, FL 33004 CITY-ST-ZIP CITY-ST TITLE \$DV ☐ Delete TITLE ☐ Change ☐ Addition ECONOMOU, C. NAME NAME 645 E. DANIA BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Delete ☐ Addition WAGNER, J NAME NAME STREET ADDRESS 645 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-7(P DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE MORFIDIS, G NAME STREET ADDRESS 645 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ripping with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information intal report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or suggestions. of the corporation or the rechanged, or on an attack

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #