## 2008 FOR PROFIT CORPORATION

ANNUAL REPURI										
1. Entity Nar	ne	# P0000004  cycling Cons				FILED Mar 13, 2008 08:00 AM				
			if canes, the			Secretary of State				
Principal Place of Business Mailing Address								<i>J</i> 01 ~	, , , , ,	
I .		ns Ave	16425 Collins Avenue							
Sunny Isles Beach Florida 33160 2. Principal Place of Business - No P.O. Box #			Sunny Isles Beach Florida 33160			. ↓			•	t
										r
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03212008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Numb		15	<u> </u>	oplied For of Applicable
Zîp	Country		Zip Count		ntry	1	e of Status Desired	, \$	8.75 Add	ditional
	6. Name and Address of Current i		legistered Agent			7. Name and Address of New Registered Agent				id .
Franco				Name						
16425 Collins Avenue Sunny Isles, FL 33160				Street Address (P.O. Box Number is Not Acceptable)						
		7 = 33100								<u></u>
					City		<del></del>	FL	Zip Cod	1
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 fille if applicable. (NOTE Registered Agent signature required wisor reinstating)  DATE										
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.0	9. Election Camp Trust Fund Co		ncing \$5.	.00 May Be led to Fees				
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND I	DIRECTOR	SIN 11
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12. i hereby o	ertify that the	information supplied with the	his filing does not qualify t	for the exe	motions contained	in Chapter 119	, Fiorida Statutes, I fu	other certify	that the inf	; formation
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 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 attactment with an address, with all other the empowered.										
SIGNAT	URE:	SIGNATURE AND TYPES OF PRI	1 reary	F17	moto	±51_0	31 <u>10</u> 1200	K OF	र्जेट्र	A666