## 2007 FOR PROFIT CORPORATION

## FILED Mar 29, 2007 8:00 am Secretary of State

DOCUMENT # P0000069153   1. Gray Name   1. Gray N		ANNUA	L REPURI			,		-			
3307 ME 3380 STREET   FT. LAUDERDALE, Ft. 33308	1. Entity Name						03-14-200	90044 0	150 ***	150.00	
Suite, Apt. F, etc.    Suite, Apt. F, etc.	3307 NE 33RD STREET		3307 NE 33RD STREET		66007125						
City & State  Country  S. Centificate of States Desired  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  The 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 prise statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligation of Florida. I am flamiliar with, and accept the o	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Country   Zep   Country   Zep   Country   Zep   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162007	Chg-P	CR2E034	(12/06)			
S. Cerrices of Status Learner   Fee Required   Fe	City & State		City & State	City & State		-					
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Country		<u> </u>		Fe	e Required		
Street Address (P.O. Bax Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Curre	nt Registered Agent	i		7. Name and	Address of New F	Registered Ag	ent		
S. 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  Speaker, treds or private name of ring stered agent and the 4 excitacion (recit: Apprehensive Agent speaker secretary agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  Defect  ITIE  LEVY, SILVIA  1791 NE 48 CT  CITY-ST-2P  TITE  MAKE  SIRET ADDRESS  CITY-ST-2P  TITE  TITE  Change	LEVY, BERNARD J 3307 NE 33RD STREET										
THE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I I I I I I I I I I I I I I I I I I	The above pamed entity submits this statement for the ourpose of changing its re-				or register	red agent, or both	in the State of Fl				
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.	the obligations of registered agent.  SIGNATURE										
THILE NAME STRET ADDRESS TOTY-ST-2P THE NAME STRET ADDRESS TOTY-ST-2P TOTAL NAME	FILE ROWIN FEE IS \$ 130.00										
NAME STREET ADDRESS CITY-ST-2P TT LAUDERDALE, FL 33334  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STR	10.	OFFICERS AN	IO DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11	
NAME   STREET ADDRESS   CTY-ST-2P   CTange   Addition	NAME STREET ADDRESS	LEVY, SILVIA 1791 NE 48 CT	☐ Delete	NAME STREET ADDRESS				ĵ.	] Change	Addition	
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I hereby certify that the information supplied with this filling 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 eath, 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 empowered.

SIGNATURE: