... '2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000090414



FILED Apr 23, 2008 8:00 am Secretary of State

1. Entity Name MISSION PALMS INVESTMENTS, INC.					04-23-2008 90040 017 ***150.00				
	e of Business LAKES DRIVE WEST 5, FL 33016-5897	Mailing Address 7900 MIAMI LAKES DRIV MIAMI LAKES, FL 33016			£ (89 1) 89 1 (10	ain esku cekk esku ceku	eene isin sen		11 00 1 to 1 00 1
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008	Chg-P	CR2E03	14 (12/06)	
City & State		City & State			4. FEI Number				pplied For
Zip	Country	Zip	Country		65-1043 5. Certificate of	of Status Desired		8.75 Add	t Applicable
	6. Name and Address of Current I	Penistered Agent			7 Nome and A	Address of New Re		ee Require	0
	o, Name and Address of Current	raftistatan Mfairt	Name				igistered A	Aeur	
RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST					olo, Chri				
			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI LAI	KES, FL 33016-5897			7900	Miami La	akes Drive	West		
			City		111111111111111111111111111111111111111	akes blive		Zip Cod	
					i Lakes,		FL	330	16
	named entity submits this statement for iops of registeres agent.	the purpose of changing its re	egistered office of	r registere	ed agent, or both	i, in the State of Flor	rida. I am fa	amiliar with,	and accept
_	I had Candle	Christy Co	omolo. VP	c c			ماداه	Ω	Į
SIGNATURE_	Signature, typed or printed name registered agent a		Registered Agent signs		when reinstating)		4 2 0	0	i
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5. Adde	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	CD	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	KISLAK, JAY I 7900 MIAMI LAKES DR WEST		NAME STREET ADDRESS						
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP						
TITLE	DPT	☐ Delete	ME					Change	☐ Addition
NAME ATRICE ADDRESS	BARTELMO, THOMAS		NAME						
STREET ADDRESS CITY-ST-ZIP	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016		STREET ADDRESS CITY-ST-ZIP						
TITLE	VP	Delete	TITLE	 				☐ Chaлge	Addition
NAME	LUBOW, CHERYL	C Delete	NAME					☐ Change	C) yourion
STREET ADDRESS	7900 MIAMI LAKES DR WEST		STREET ADDRESS						
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-ZIP	<u> </u>		.			
TITLE NAME	VPS RODRIQUEZ, CHRISTY	☐ Delete	TITLE NAME	VPS	. a			Change	Addition
STREET ADDRESS	7900 MIAMI LAKES DRIVE WES	Γ	STREET ADDRESS		lo, Chris	sty akes Drive	7.7		1
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	1		skes Drive -FL 33016]
TITLE	VP	☐ Delete	TITLE	111 Cill	i bakes)	- FB - 55010)	☐ Change	Addition
NAME CTDCCT ADDDCCC	BRAUN, STEPHEN	-	NAME						
STREET ADDRESS CITY-ST-ZIP	7900 MIAMI LAKES DRIVE WES MIAMI LAKES, FL 33016		STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					[] Change	Addition
			NAME						_
NAME									
STREET ADDRESS			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	andiff, that the information and the second	ship filing days and a series	CITY-ST-ZIP		lia Channa (17	David Control		t. 46	
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated	certify that the information supplied with I on this report or supplemental report is reversition or the receiver or trustee empre-	true and accurate and that my	CITY-ST-ZIP the exemptions y signature shall	nave the s	same legal effect	as if made under or	ath; that I ar	m an officer	or director
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address,	true and accurate and that my wered to execute this report a	CITY-ST-ZIP the exemptions y signature shall	nave the s	same legal effect	as if made under or	ath; that I ar	m an officer	or director
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, where the control of the control o	true and accurate and that m wered to execute this report a with all other like empowered.	CITY-ST-ZIP the exemptions y signature shall	nave the s apter 607	same legal effect 7. Florida Statutes	as if made under or	ath; that I at appears in	m an officer	or director