


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000047055 1. Entity Name INCORP, INC.	
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Principal Place of Business 10265 SW 212 ST CUTLER BAY, FL 33189	Mailing Address 12208 SW 129 CT. MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1104360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PAREDES, FAUSTINO J 10265 SW 212 ST CUTLER BAY, FL 33189	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	01/23/08-80004-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREDES, VERONICA 12208 SW 129 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKISSON, JOHN 12208 SW 129 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEAGUDO, JOSE 12208 SW 129 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 reports 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 another like empowered.

SIGNATURE: FAUSTINO J. PAREDES 1/15/08 305-969-3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #