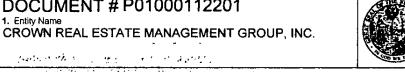
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000112201 1. Entity Name

FILED Apr 28, 2008 08:00 AN Secretary of State



Principal Place of Business

Mailing Address

4901 N. FED. HWY SUITE 100

FT. LAUDERDALE, FL 33308

* 8809 BALLY BUNION ROAD PT. ST. LUCIE, FL 34986



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0019861 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CICCHESE, AL 8809 BALLY BUNION ROAD PT. ST. LUCIE, FL 34986

8809 BALLY BUNION RD

PORT SAINT LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	,				
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registe	ered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	· -	\$5.00 May Be Added to Fees	
10.	. OFFICERS AND DIREC	CTORS	1		<u> </u>
TITLE	P			•	
NAME .	CICCHESE, AL				
STREET ADDRESS	8809 BALLY BUNION ROAD				Hananaczyża
CITY-ST-ZIP	PT. ST. LUCIE, FL 34986 SEC				05/20/08-80108-002 150.00
TITLE					
NAME	CICCHESE, ALICE		ı		

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Daytime Phone #