2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 Al Secretary of State

| ANNUAL REPURI | | | | | Secretary of St | | | |
|---|---|---|-------------------------------|-----------------------------------|---|-----------------------------|--|--|
| DOCUMENT # P0200001492 1. Entity Name LAND TEK, CO. | | | | | | Secretar | y 01 St | |
| 2020 N.E. 1 | ce of Business 97 TERRACE ACH, FL 33168 | Mailing Address P.O. BOX 530729 MIAMI, FL 33153 | , | | 4 48 11 8 11811 88 111 48 111 18 | N BRIN BRIGH WEN BIRIK NEUK | | |
| | OO NOT WRITE | | CE | 03192008 4. FEI Numb 30-008 | No Chg-P | <u> </u> | Applied For Not Applicable dditional | |
| 6. Name and Address of Current Registered Agent RHEAULT, STEPHAN 2020 N.E. 197 TERRACE N. MIAMI BEACH, FL 33168 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 title if applicable (NOTE, Registered Agent signature required when reinstating). DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be | | | | | | | n, and accept | |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS | | | | led to Fees | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RHEAULT, STEPHAN 2020 N.E. 197 TERRACE N. MIAMI BEACH, FL 33168 | | | | U000 04/23/0 | 00891611 8-80031-019 | 150.00 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| NAME STREET ADDRESS | | | | . ^ | | | | |

12. Thereby certify that the information supplied with this filting 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 missive 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 impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

19/08