## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 28, 2008 8:00 am Secretary of State

Columbia					,. ~ ~ ~ ·	J J J J J	0 - 70 00	
1.554 WEST 66 STREET	1. Entity Name				04-	28-2008 90386	029 ***150	).00
1.554 WEST 66 STREET	Principal Place	of Business	Mailing Address		400			
Suite, Act, 4, etc.    Suite, Act, 4, etc.   Suite, Act, 4, etc.   Suite, Act, 4, etc.   Out 52008   Chg-P   CR2E034 (12/05)	1554 WEST 68 STREET		1554 WEST 68 STREET			<b>                                    </b>	18181 81817 81818 8 <u>0</u> 01	i i i i i i i i i i i i i i i i i i i
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
T5-3047969   Next Applicable	Suite, Apt. #, etc.					ng-P CR2E		
S. Certificate Signals Desired   Fee Required   Fee	City & State		1				<u> </u>	
MOREJON, WALTER F 660 = 63 ST HIALEAH, FL 33013  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Gity  FL  Zip Code  1. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in th	Zip	Country	Zip C	Country	5. Certificate of Statu	us Desired		
MOREJON, WALTER F 910 PLOUE & BUT SAGE-58 ST MILE ADDITIONS, FL 33166  Street 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 this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent are in the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent are into the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent are into the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  SIGNATURE  OPT  MAKE  SIGNATURE  OPT  MOREJON, WALTER F  OPT		6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered	Agent	
SIGNATURE  FILE NOW; FE ST 550.00  OFFICERS AND DIRECTORS  OTV 5:12P  INGEL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE  INGEL ADDITIONS/CHANGES SIGNATURE			•			,		
ETHE NOW!! FE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  MAKE SIREH ADDRESS OTY-ST-2P  TITLE  MAKE SIREH ADDRESS OTY-ST-2P	550 E 53 S	I, WALTER F IT 910 PLOUB!	r Avē	Street Address (P.O. Box Number is Not Acceptable)				
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    Signava. todd or or orded name or registered agent and title in 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   Signava. todd or or orded name or registered agent and title in 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   Signava. todd or or orded name or registered agent.    Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered agent.   Ohlight   Signava. todd or or orded name or registered ag	HIALEAH, FL 33013 MIAMI-SPRINGS, FL 371 GG							
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  ITIE NAME NAME STREET ADDRESS CITY-ST-2P  ITIE NAME STREET ADDRES				City		FI	Zìp Code	!
SIGNATURE Signave: typed or critical name of requiremed agent and late if a postable. (NOTE Registered Agent signature required when rentalizing)  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INTE MAKE SIREST ADDRESS CITY-ST-2IP  MAKE SIREST ADDRESS CITY-ST-2IP  INTE MAKE SIREST ADDRESS			or the purpose of changing its regis	stered office or registe	ered agent, or both, in the	s State of Florida. I am	 n familiar with, a	and accept
FILE NOW!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing	line obligati	ions of registered agent.						
ARTER May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE   DPT   Delete   INTLE   MANKE   STREET ADDRESS   CITY-ST-ZIP   TITLE   DVS   Delete   INTLE   Delete   INTLE   DRIVER    ITTLE   DVS   Delete   INTLE   DRIVER   D	SIGNATURE_	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Agent signature require	d when reinstating)	DATE		<del></del>
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TITLE   DVS	CITY-ST-ZIP HALEAH, FL 33013 MIAMI - S PRINCS, FC 336			-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DVS QUINTANA, NURYS	Delete  RAVE 3/CC	NAME STREET ADDRESS			☐ Change	Addition
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NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           ITILE         □ Delete         TITLE         □ Change         □ Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
	NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP		Canada		

thereby 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:

LEGIATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER F MORESON 04/15/08

Daytime Phone #