## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State

1. Entity Nam	ne	# P0200004 N COMPANY			04-10-2008	90030 016	5 ***15(	0.00			
Principal Place of Business 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130			Mailing Address 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130				1 <b>8811 115</b> 11 8811 <b>68</b> 11 <b>38</b>	9/1 8 8 111 8 1 8 8 1 11 8 8		((RB)	
2. Principal P	Place of Busini	ess - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222008	Chg-P	CR2E034	(12/06)		
City & State			City & State			4. FEI Numb 20-193	-		<del>  </del>	plied For	
Zip	Country		Zip	Zip Country			of Status Desired		8.75 Add	litional	
	6. Name	and Address of Current	Registered Agent	gent			7. Name and Address of New Registered Agent				
	MEN 0		Name								
FREED, OWEN S 150 WEST FLAGLER STREET SUITE 2200					Street Address	(P.O. Box Numb	er is Not Acceptable	e)			
MIAMI, FL 33130			_								
					City			FL	Zip Codi	e	
8. The above	named entity	submits this statement f	or the purpose of changing	its register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am fai	niliar with,	and accept	
ine obligat	tions of registe	ered agent.									
SIGNATURE.	Signature, lyped o	or printed name of registered agen	Land little diagnicable (Ni	NTF: Begistere	ad Agent signature require	ert when reinstation)		DATE			
		or printed state of registered agori	Tario di a troppico di di	D I E. Magistare	ar ryant signatura requir	ac witan tenstalling!	Γ	DATE	<del></del>		
FIL After Ma	E NOW!!! ay 1, 2008	FEE IS \$150.00 3 Fee will be \$550.	9. Election Camp Trust Fund Co	-		5.00 May Be ided to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	IRECTOR	3 IN 11	
TITLE	PD Delete TI				E			[	Change	☐ Addition	
NAME Street address	1 '	DIEGO A DR.	NAME CODE		-						
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STREET ADDRESS					EET ADDRESS						
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STREET ADDRESS	!				eet address						
CITY-ST-ZIP	<u></u> _			CITY	(-ST-ZIP						
12. I hereby of indicated of the corchanged,	certify that the I on this repor rporation or th , or on an atta	e information supplied wit t or supplemental report le receiver or trustee emp ichment with an address.	th this filing does not qualify is true and accurate and that powered to execute this food with all other like a nowers	for the ex it my signa ort as requied.	emptions containe sture shall have the ired by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statut	9, Florida Statutes. I ct as if made under es; and that my nam	further certify oath; that I am le appears in I	that the in an officer Block 10 or	nformation or director Block 11 if	

OWEN S. FREED

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: