2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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250 TIMBERCREEK CIRCLE BOCA RATON FL 33431 2. Principal Place of Business. No P.O. Box # 3. Mothing Actions.; Suite, Apt. #, otc. City & State 2. Suite Apt. #, otc. City & State 4. FEL Number 22-3860659 Apr. # App. # Not. 2. Pul.CCI, Business of Current Registered Agent F. Name and Address of Current Registered Agent PUCCI, BIANCA G 2501 TIMBERCREEK CIRCLE BOCA RATON FL 33431 City FL Zip Could Stress Address (P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent Address of P.O. Box Number is Not Acceptable) Signature Agent A	ed For pplicable mal
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PUCCI, BIANCA G 2501 TIMBERCREEK CIRCLE BOCA RATON FL 33431 City FL Zip Code 8. The above period 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 an object of the distribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of the distribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of the distribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of Florida policy of the distribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of Florida policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of Florida policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an object of Florida policy of State of F	daccept
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the info indicated on this report or supplied ental 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 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 Existence or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	rmation director