


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90053 028 ***158.75

DOCUMENT # P02000078261	
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Principal Place of Business 9703 OVERSEAS HWY MARATHON, FL 33050	Mailing Address 9703 OVERSEAS HWY MARATHON, FL 33050
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01142008	Chg-P CR2E034 (12/06)
4. FEI Number 02-0638527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HEFFERNAN, W.J. JR ESQ 9703 OVERSEAS HWY MARATHON, FL 33050	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

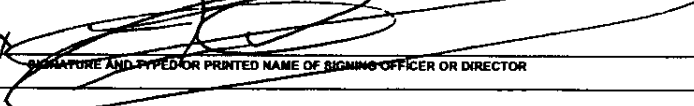
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	PEREZ, MICHELLE
STREET ADDRESS	9703 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	V <input type="checkbox"/> Delete
NAME	ALDAMA, IVAN
STREET ADDRESS	9703 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	ST <input type="checkbox"/> Delete
NAME	ALDAMA, IVAN
STREET ADDRESS	9703 O/S HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: 	DATE	Daytime Phone #
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