## FILED Apr 07, 2008 8:00 am Secretary of State

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ANNUAL REPORT	
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ANNOAL REPORT					Secretary of State					
DOCU 1. Entity Nan MAW, IN	ne	# P02000089	9086				04-07-2008	90069 0	25 ***15	50.00
Principal Plac	e of Busines	ts.	Mailing Address			1 40062	4160			
4457 POINC			4457 POINCIANA	ст		4000	,000			
		EA, FL 33308	LAUDERDALE BY		22200	<b>.</b> · .	•			
LAUDERDAL	L DI IIIL JU	LM, FE 33300	LAUDERDALL DI	TITL SEA, IL	33300		EDI(8 ((E)) FR)( EF)(( FE)	    <b>     </b>	    <b>                 </b>	
Principal Place of Business - No P.O. Box #     Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.				03252008	Chg-P	CR2E03	34 (12/06)			
City & State City & State				4. FEI Numbe 22-3864				oplied For ot Applicable		
Zip		Country	Zip	Zip Countr		5. Certificate	of Status Desired		8.75 Add ee Require	
*	6, Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
					Name					
WINIARCZYK, MARGARET 4457 POINCIANA ST LAUDERDALE BY THE SEA, FL 33308			Street Address (P.O. Box Number is Not Acceptable)							
:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City				Zip Cod	
								FL	2000	٠
	named entit tions of regis	ty submits this statement fo tered agent.	or the purpose of changi	ing its register	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					id Agent signature require	d when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.		ampaign Final Contribution.		i.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/I	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	DP		☐ Delete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3, # #HGEG 10 O. 1	102.101.110	☐ Change	Addition
NAME	WINIARCZYK, MARGARET NAM							ondrige		
STREET ADDRESS	F · · · · · · · · · · · · · · · · · · ·				ET ADDRESS					
CITY-ST-ZIP	I			-ST-ZIP						
TITLE	DV		☐ Delete	TITL	F				Change	Addition
NAME	WINIARC	ZYK, ANDREW	La beide	NAM					L_J Orlange	
STREET ADDRESS	1	NCIANA ST		STRE	ET ADDRESS					
CITY-ST-ZIP	LAUDERI	DALE BY THE SEA, FL	33308	CITY	-ST-ZIP					
TITLE	DS Delete TITLE			E	-			Change	Addition	
NAME	IWANYC	KY, MICHALIANA		NAM	E				_ •	_
STREET ADDRESS	SS 4457 POINCIANA ST STR			STRE	ET ADDRESS					_
CITY-ST-ZIP	ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY			-ST-ZIP						
TITLE	DT		:Delete	HIL	£				Change	☐ Addition
NAME	i	KY, WALTER		NAM	-					
STREET ADDRESS	1	NCIANA ST	00000		ET ADORESS					
CITY-ST-ZIP	LAUDERI	DALE BY THE SEA, FL			-ST-ZIP					
TITLE NAME			Defete	TITLI NAM	l l				☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS					
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1ITLE		****	☐ Delete		<del></del>				☐ Change	Addition
NAME			<b>2</b> 00000	NAM	1					
STREET ADDRESS	1				ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
12. I hereby	certify that th	e information supplied with	this filing does not qua	alily for the ex	emptions containe	d in Chapter 119	, Florida Statutes. I	further certi	y that the ii	nformation
indicated	on this repo	rt or supplemental report is	s true and accurate and	that my signa	ture shall have the	same legal effect	t as if made under o	oath: that I a	n 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.										
changed	, or on an att	achment with an address.	wan all other like empov	verea.						
signat	X1	achmen with an address.	way all other like empov	vered.		, 3-	31-08 Date	9 (u	-77)	

MARGNET WHIARCZYK, PROSIDENT