2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 8:00 am Secretary of State

1. Entity Name	MENT # P02000115				03-02-200	8 90130 010 ***1s	38./3	
Principal Place	of Business	Mailing Address						
1719 FONSICA WAY JACKSONVILLE, FL 32221		1719 FONSICA WAY JACKSONVILLE, FL 3222	1		,			
	<u> </u>							
Principal Place of Business - No P.O. Box #		3. Mailing Address			! !!! !!!!!! !!!!! !!! !!! !!!!!! !!!!!!!!!!			
Suite, Apt. #, etc.		9228 Hawks Haven Ct. Suite, Apt. #, etc.						
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City & State		City & State		4. FEI Nur	nber	[Ap	oplied For	
		Jacksonville	, Floric	da 30-0	123186	No	ot Applicable	
Zip	Country	Zip	Country 110	5. Certific	ate of Status Desired	\$8.75 Add		
		32222			·	Fee Require	·d	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	ı	nd Address of New	Registered Agent		
LEON, EFRAIN				Leon, Efrain				
1719 FONSICA WAY				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32221			022	19 Have	45 Have	71		
				9228 Hawks Haven C+. "Jacksonville FL 32222				
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	named entity submits this statement for igns of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or	both, in the State of F	-forida. I am familiar with,	, and accept	
	0/					12.14.11		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
	and the state of prince that a region of age.	1						
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees				
FIL	E NOW!!! FEE.IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees		FICERS AND DIRECTOR	S IN 11	
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12. 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 it changed, or on an affactment with an address, with all other like empowered.

SIGNAT	URE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #