
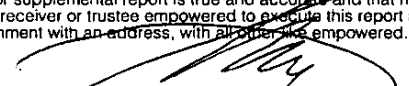


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90215 046 ***150.00

DOCUMENT # P02000116005									
1. Entity Name FULL BUSINESS CORPORATION									
Principal Place of Business 20340 NE 15 CT STE V04 NORTH MIAMI BEACH, FL 33179			Mailing Address 16300 NE 19 AVE. STE C NORTH MIAMI BEACH, FL 33162						
2. Principal Place of Business - No P.O. Box # 2121 OPALOCKA BLVD		3. Mailing Address 1498 NE, 177th St.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State OPALOCKA - FLORIDA		City & State N. MIAMI BEACH - FLORIDA		4. FEI Number 01-0751010					
Zip 33054		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JAVIER, AMELIA 1691 NE 123RD STREET NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">1695 NE - 123rd. ST.</td> </tr> <tr> <td style="padding: 2px;">City FL Zip Code</td> </tr> </table>				Name	Street Address (P.O. Box Number is Not Acceptable)	1695 NE - 123rd. ST.	City FL Zip Code
Name									
Street Address (P.O. Box Number is Not Acceptable)									
1695 NE - 123rd. ST.									
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	ROITMAN, LEONARDO		NAME						
STREET ADDRESS	2680 N.W. 97 AVENUE		STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP						
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	ROITMAN, RICARDO		NAME						
STREET ADDRESS	1980 NE 148 STREET		STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			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.									
SIGNATURE: 			4-28-08 =						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>						