2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANIOAL REPORT							3/3/2008	-90207-004-\$1:	50.00-\$	150.00	
DOCU 1. Entity Nam S.A. AND	10	#P03000 c.	05974	6		08	FILE BMAR 21 F	-	36		
Principal Place of Business Mailing Address						-	٠,	Land Table 1 2	E ora	T :-	
1251 NE 45				1251 NE 45 ST			1 4	LLAHASSEE,	7 31A	11:	
OAKLAND, FL 33334				OAKLAND, FL 33334			[F4]	rranassee,	. FLOR	HDA	
ORIGINAL, IE 33334											
							1 1007103110	BATTA ATU KUMU BUMU BATI	n ener eine	INTO HERE ENERGE	TYFORD IS EN BO
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							-				
							1 ta en cean m	BAITA IIIN BARL BAIR BAI	HILL BUILD	INFEL SUTTE STATE O	(1) EB3
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02112008	Chg-P	CR2E	034 (12/06)	
City & State				City & State			4. FEI Numbe		••		oplied For
				<u> </u>			45-051	5195			ot Applicable
ΖIP	Zip Country			Zip Cour		ılry	5. Certificate	of Status Desired		\$8.75 Ad	
				<u> </u>			l			Fee Require	kd
	6. Name	and Address of C	ļ	7. Name and	Address of New R	egistered	Agent				
LAHKANI, NOORALI						Name			-	-	-
1251 NE 4						Street Address (P.O. Box Number is Not Acceptable)					
OAKLAND		4				Silver Address (F.O. Box Multiper is Not Acceptable)					
OANDAND	, r. 3333	!									
						City			Fi	Zip Cod	e
8. The above	named entity	v submits this stater	nent for the r	ourpose of changing its	register	ed office or registe	red agent, or bot	h. in the State of Flo	rida Lam	lamiliar with	and accent
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.											
	4,	`}									
SIGNATURE_	Signature, Noved	or printed name of register.	rt when reinstaland		DATE						
Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent algorithms recurring when reinstalping) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										-	
10.		OFFICER:	S AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFFI	CEDS AN	D DIRECTOR	C IN 11
TITLE	OFFICERS AND DIRECTORS 11.						ADDITIONO	OFFICE TO OFFI	CLN3 AIN		
NAME	LAKAHNI, ALMAS					- 1				☐ Change	☐ Addition
STREET ADDRESS	1					ET ADORESS					
CITY-ST-ZIP	1					·ST-ZIP					
TITLE C									 -		
TITLE NAME	DST Delete TITL					i				Change	Addition
STREET ADORESS											
CITY-ST-ZIP						ET ADORESS - ST- ZIP					
TITLE	İ			☐ Delete	TITLE	I				Change	· Addition
NAME STREET ADDRESS	NAME OF THE PROPERTY OF THE PR					•					
STREET ADDRESS CITY-ST-ZIP	A: 12.19.1					LT ADORESS	-				
·	 -	(A *	1 -	<u></u>	GIT	-ST-ZIP	·			<u></u>	
THE]	η		☐ Delete	TITLE)				Change	Addition
NAME CTOSET ADDRESS		İ			NAM	j j					
STREET ADDRESS CITY-ST-ZIP	ł					ET ADDRESS					
	<u> </u>	· · ·			uir	-ST-ZIP	<u> </u>				
ME				☐ Delete	TITLE	I				Change	Addition
NAME	!	•			NAM	I					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CIT	-S1-ZIP					
TITLE	1			☐ Delete	TITLE	<u>.</u>				Change	Addition
HAME					NAM	_					
STREET ADDRESS	1					ET ADDRESS					
CITY-ST-ZIP	<u> </u>				CITY	-ST-ZIP					
12. I hareby	certify that the	e information suppli	ed with this f	iling does not qualify fo	r the ex	amptions contained	in Chapter 119	Florida Statutes. I	further cer	rtify that the ir	nformation
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 eath; 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.											
DIALCH SAKAN.											
SIGNAT	URE: _	11000	u c	- FERMIN							
		SIGNATURE AND TY	-EU OK PRINTE	D NAME OF SIGNING OFFICER	ON UNKECT	IUR		Date		Daytime Phone #	