FOR PROFIT CORPORATION **ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

OIVISION OF CORPORATIONS

12 JUN -8 AM 11: 32

DOCUMENT # 1. Entity Name

P.03000/03434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No PO Box # 5314 N. FALKENBURG, RD Suite, Apt. #, etc. City & State TAMPA FL Country 33 610 The above named entity subflits this symment for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered typont. SIGNATURE SIGNATURE Suite, Apt. #, etc. CR2E034B (5/07) Applied For Not Applie
Suite, Apt. #, etc. City & State TAMPA L City & State TAMPA L City & State TAMPA L Country Tip To Country Tip To Name and Address of Current Registered Agent Name Tham and Address of Current Registered Agent Name SMITH RANDAL T Street Address (P O. Box Number is Not Acceptable) The above named entity subtrits this strument for the purpose of changing its registered office or registored agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.
City & State TAMPA L Country 33610 Country TAMPA TAMPA TAMPA TAMPA TO
TAMPA FL Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi
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The above named entity subtricts this sylument for the purpose of changing its registered agent. 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name SMITH RANDALL T Street Address (P.O. Box Number is Not Acceptable) Gity TAMPA FL Zip Code 3336 1 C. 8. The above named entity subtricts this sylument 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 spent.
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number & Not Acceptable) Street Address (P.O. Box Number & Not Acceptable) Gity TAMPA SIDE TO Code 33361C 8. The above named entity subtracts this street the obligations of registered street.
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number 4s Not Acceptable) Street Address (P.O. Box Number 4s Not Acceptable) Street Address (P.O. Box Number 4s Not Acceptable) FACILEN BURG. RO City TAMPA FL Zip Code 33361C 8. The above named entity subtlits this sylvment 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 sylent.
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City TAMPA FL Zip Code 336 C. 8. The above named entity subjusts this symment for the purpose of changing its registered office or registered agent, or both, in the State of Florida Tam familiar with, and accept the obligations of registered agent.
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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be
After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution 9. Election Campaign Financing Trust Fund
10. OFFICERS AND DIRECTORS
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STREET ADDRESS 5413 N FACILEN BURGES
CITY-SI-ZIP TAMPA, FL 33610
TITLE SSC
NAME SMITH, RENE SIRECT ADDRESS 5314 N. FALKENBURG RO
CITY-ST-ZIP TANA A A A A A A A A A A A A A A A A A
TITLE TAMPA, FC 33610
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STREET ADDRESS DO NOT WRITE
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12. I hereby certify that the information supplied with his filing cloes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental apport is of the corporation or the receiver of trulee emp purate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, will

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

6/5/12 813-631-1008
Davime Phone **