2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & FL Zip Code 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 tamiliar with and accommodate of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of the state of Florida. I am tamiliar with and accommodate of the purpose of the state of Florida. I am tamiliar with and accommodate of the purpose of the state of Florida. I am tamiliar with and accommodate of the purpose of the state of Florida. I am tamiliar with and accommodate of the purpose of the state of Florida. I am tamiliar with and accommodate of the purpose of registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of registered agent, or both, in the State of Florida. I am tamiliar with and accommodate of the purpose of registered agent, or both, in the State of Florida. I am t		ANNOAL	- KEPUKI				rei	D 25, 2	2UU8	08:00	
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Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip 		<u>'</u>	Country					Fee Require		
### Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accompositions of registered agent. SIGNATURE Signature, typed or priviled name of registered agent and title if explicable. (MOTE, Registered Agent algorature recovered when renotating) DATE FILE NOWIS FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Professional Professiona	2021 SW 136WAY					reet Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submis 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 according to the obligations of registered agent. SIGNATURE Signative typed or preved name of registered agent and 66 of acptactable. PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Defects And DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY-ST-2P MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME ST	MIRAMAR	l, FL 33027									
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I certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information on this report or suppliemental 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 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 or on an attachment with an address, with all other like empowered.

RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-08

Daylime Phone #