## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2008 08:00 A Secretary of State

NC.				•
Mailing Address 9260 BAY PŁ BLVD 501 TAMPA, FL 33619		 		1000 HOSOV I 1900
DO NOT WRITE IN THIS SPACE		03032008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For		1/05)  Applied For Not Applicable  5 Additional
of Current Registered Agent			10011	equireu .
		DO NOT WRITE IN THIS SPACE		
	Mailing Address 9260 BAY PL BLVD 501 TAMPA, FL 33619  RITE IN THIS SPA	Mailing Address 9260 BAY PL BLVD 501 TAMPA, FL 33619  RITE IN THIS SPACE	Mailing Address 9260 BAY Pt BLVD 501 TAMPA, FL 33619  O3032008 No Chg-P  4. FEI Number 05-0593669 5. Certificate of Status Desired  DO NOT WR	Mailing Address   9260 BAY PL BLVD   501   TAMPA, FL 33619

FILE	NOWIII	FEE IS	\$150.00	
After Mar				

PD

10.

TITLE

SIGNATURE Signature typed or printed name of registered agent and title if applicable

DOCUMENT # P03000757182

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE, Registered Agent signature required when reinstating)

NAME FERREIRA, RANDY X STREET ADDRESS 9260 BAY PL BLVD 501 TAMPA, FL 33619 CITY-ST-ZIP VD DILE RAIRIGH, RAYMOND NAME STREET ADDRESS 9260 BAY PL BLVD 501 CITY-ST-ZIP TAMPA, FL 33619 SD TITLE ROSEMAN, RONALD NAME STREET ADDRESS 9260 BAY PL BLVD TAMPA, FL 33619 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

U00000864859 04/04/08-80012-013 150.00

DATE

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with lins 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 exposured.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3112/08

813 620-080

Daytime Phone €