## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 28, 2008 08:00 AM Secretary of State

| 1. Entity Nar                             | MENT # P040000074 RPORATION  | 55   |  |   | Seci                                   | retary of Stat                                |
|---|--|--|--|---|--|---|
| 1840 HARR                                 | ce of Business<br>MSON STREET<br>D, FL 33020   | Mailing Address<br>1840 HARRISON STREET<br>HOLLYWOOD, FL 33020   |  |   |  |   |
|   |  | the state of the s | 04112008 No Cl                             |   | 2E034 (11/05)                          |   |
|   | OO NOT WRITE   | CE   | 4. FEI Number                              |   | Applied For                            |   |
|   |  |  |  | 42-1615630  5. Certificate of Status E  | Desired                                | Not Applicable \$8.75 Additional Fee Required |
|   | 6. Name and Address of Current Reg<br>Y, LIDIYA<br>RRISON STREET<br>OOD, FL 33020  |  |  | DO NOT                                  |  |   |
| the obliga                                | a named entity submits this statement for the tions of registered agent.  Signature typed or printed name of registered agent and to   | 16 - Application (NOTE Registere   | id Agent signature required                | *************************************** | ate of Florida. I                      |   |
| After M                                   | ay 1, 2008 Fee will be \$550.00  | Trust Fund Contribution.   | ☐ Adde                                     | ed to Fees                              | ······································ |   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR PVPS UMANSKY, LIDIYA 1840 HARRISON STREET HOLLYWOOD, FL 33020   | ECTORS   |  |   | 4                                      |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |  | 13 (A) | 5/                                      | 100000929<br>11/08-,800                | 177<br>59-002 150.00                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |  |  | DO NO                                   | 3° 7°,444 6/67                         | E   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |  |  | IN THIS                                 | SPAC                                   | <b>E</b> ***                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |  |  |   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |  | Mary San Park                              |   | ma to the                              | Section 1                                     |
| indicated<br>of the cor                   | certify that the information supplied with this<br>on this report or supplemental report is true<br>poration or the receiver or trustee empower<br>or on an attachment with an address, with | and accurate and that my signated to execute this report as required to execute the report as required to the contract of the  | ure shall have the s                       | ame legal effect as it made             | e under oath: the                      | t Lam an officer or director                  |