2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

Speakers Properly or printed rams of registered apport and life if applicable INCTE Registered Agrees approach speakers required to the memorating Chile	1. Entity Name	MENT # P0400028 ales, inc.	548				03-20-2008 9	0032 016	***150.0	00
865 NE 17TH CT FI LAUDERDALE, FL 33305 FI LAUDERDALE,	Principal Place	of Business	Mailing Address	1		1				
Suite, April, 4 of STREET STRE										
Suite, April, 4 of STREET STRE	FT LAUDERD/	ALE, FL 33305	FT LAUDERDALE, FL 3	3305				Sanai	haen	
Suite, April 4, 905 578—18 NE 20 STREET STREAD NE 20 STREET STREAD NE 20 STREET STREAD NAME 20 STREAD STREAD STREAD NAME 20 STREAD NAME 20 STREAD STRE							ı Bêrii bibli belin edini es		/ 3 P #	1311 II 1831
STREET S	2. Principal Pl	ace of Business - No P.O. Box #								
STREAMER CONSTREET SY8-18 NL 2U STREET SY8-18 NL 2U STREET ALTON MANORS, FL Cuy & State USA 34-1970399 Applicable for USA 11/10N MANORS, FL Cuy & State USA 34-1970399 Applicable for USA 11/10N MANORS, FL Cuy & State USA 34-1970399 Additional feet of the state of Stat	Suite, Apt. #, etc. Suite, Apt. #, etc.					03062008	Cha-P	CR2F0:	 34 (12/06)	
UILTON MANDRS, FL ZPD ZPD ZPD ZPD ZPD ZPD ZPD ZP) STRI	<u>eet</u> _				<u> </u>	
20 33305 South			LITI TON MANOE	City & State					I	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent CRAMER CHARLES P. CRAMER 805 NE 17TH CT FT LAUDERDALE, FL 33305 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent. 9. Election Campaign Finencing 9. S.5.00 May Be 10. OFFICERS AND DIRECTORS IN 11			 						<u> </u>	
CRAMER CHARLES P Street Address of Current Registered Agent Name CHARLES P Street Address (P. O. Box. Number is Not Acceptable) 578—18 NE 20 STREET City WILTON MANDRS FL 218,5305 6. The above named entity submits the 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 her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept her obligations of registered agent, or both,		<u>'</u>	l ' _ :		-	5. Certificate	of Status Desired			
CRAMER, CHARLES P Street Address (P. O. Box Number is Not Acceptable) TO Street Address (P. O. Box Number is Not Acceptable) TO W II TON MANORS FL Zing Street City WII TON MANORS FL Zing Street City WII TON MANORS FL Zing Street City WII TON MANORS FL Zing Street The obligations of registered agreet. SIGNATURE Signature Sequence of registered agreet of the purpose of changing its registered office or registered agreet, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agreet. SIGNATURE Signature Sequence of registered agreet or bit is assettable. POTE Required Agreet operator required agreet, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agreet. PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III WARE CRAMER, CHARLES P SIRET ADDRESS 10Th 51.70										
Sitest Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		051.50.5				RIES D. 1	RAMER			
ET LAUDERDALE, FL 33305 State above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the policy agent, or both, in the State of Florida. I am familiar with, and accept the policy agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent agent, or both, in the State of Florida. I am familiar with, and accept the policy agent agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy agent								e)	<u>:</u>	
E. 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. SIGNATURE Signature (paid or primate rank of ingitizent agent and title a purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature (paid or primate rank of ingitizent agent and title a purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature (paid or primate rank of ingitizent agent and title agent a										
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. SIGNATURE: City WIL TON MANDRS FL 25,005 WIL TON MANDRS FL				Ì	578-	-18 NF 26	STREET		1	
8. The above named critisy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speaker, foed or private rank of registered agent and title / speakersh. SIGNATURE Speaker, foed or private rank of registered agent and title / speakersh. SIGNATURE Speaker, foed or private rank of registered agent and title / speakersh. SIGNATURE Speaker, foed or private rank of registered agent and title / speakersh. INOTE Register's speaker speaker. STATE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 STATE PLANT OF THE CONTROL OF THE CONTROL OF THE PROPERTY STATE OF THE CONTROL OF THE STATE ALONESS OF STATE OF THE AUDIENDALE, FL 3330S STREET ANDRESS CITY-S1-2P TITLE Delete TITLE MAKE STREET ANDRESS CITY-S1-2P TITLE MAKE STREET ANDRESS CITY-S1-2P TITLE Delete TITLE MAKE STREET ANDRESS CITY-S1-2P TITLE MAKE STREET ANDRESS CITY-S1-	•			ŀ	City				Zip, Code	
SIGNATURE: Signature industrial process or promise name of impairance agence and state / applicables. INOTE Registered Agence expensive recurred when ventriciting.) OATE				1						
SIGNATURE Speaken toped or percent raper and total a speakease. POTE Register Agencia required international process and total a speakease. POTE Register Agencia required international process and total a speakease. POTE Register Agencia required international process and Diffections. 9. Election Comprision Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIFFECTORS IN 11 ITILE CRAMER, CHARLES P SIRE AGRESS CRAMER, CHARLES P SIRE AGRESS CRAMER CHARLES P SIRE AGRESS CRAME			the purpose of changing its	registere	d office or registe	red agent, or bo	oth, in the State of Fl	orida. I am f	amiliar with,	and accept
Speakers hybrid or protect carms of registered agent and tile? applicable NOTE Registered Agent speakers required when immatery DATE									1	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing	SIGNATURE_	Signature, typed or printed name of registered anexts	and title if applicable (NOT	F Registered	Anent signature require	nd when reinstation)		DATE	<u> </u>	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. D			1				1		<u> </u>	
INITE D CRAMER, CHARLES P Obeliete NAME SIREET ADDRESS CITY-ST-2IP FT LAUDERDALE, FL 33305 CITY-ST-2IP FT LAUDERDALE, FL 33305 CITY-ST-2IP FT LAUDERDALE, FL 33305 CITY-ST-2IP					cing \$5	.00 May Be ded to Fees				ļ
ITILE OPERATORISS CITY-ST-ZIP TITLE OPERATORISS CITY-ST-ZIP	10.	OFFICERS AND	I	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
RAME CRAMER, CHARLES P SIREET ADDRESS	TITLE	D	☐ Delete	TITLE			<u> </u>		1	
CITY-ST-ZIP TITLE D XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NAME									_
TITLE D SIMON, SUSAN SIRET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33305	STREET ADDRESS	1			I					
SIMON, SUSAN SINET ADDRESS GITY-ST-2IP TITLE NAME SINET ADDRESS GITY-	CITY-ST-ZIP				ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE	_	^ A_7 Delete		1		•	•	Change	Addition
CITY-ST-ZIP FT LAUDERDALE, FL 33305 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1	,			i				 	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	CITY-ST-ZIP									
NAME STREET ADDRESS CITY- ST-ZIP TITLE Delete NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRES	TITLE		☐ Nelete	TITLE					Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME		Donate		l l					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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. SIGNATURE:	STREET ADDRESS			STREE	T ADDRESS		•			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	CITY-ST-ZIP			CITY-	ST-ZIP	- .			<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this 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 empowered. SIGNATURE:	TITLE	!	☐ Delete		l l				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	NAME CIDEET ADDRESS				l l					ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	Í				ı					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:			□ Balala	_					Chance	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	NAME		☐ Deists		1				L Criange	
TITLE NAME SIRRET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	STREET ADDRESS				1				ĺ	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	CITY-ST-ZIP		<u> </u>	ÇITY-	\$T-ZIP					
STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 empowered. SIGNATURE:	TITLE		Delete	TITLE					☐ Change	Addition
12. I hereby 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 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 empowered. SIGNATURE:	NAME				I				 	
12. I hereby certify that the information supplied with this 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 empowered. SIGNATURE:	STREET ADDRESS									
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 empowered. SIGNATURE:			Abia filtra alaman and assault.			dia Chastar 1	IO Florida Chatadaa	I further a	iku shat tha !:	oformatio-
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. SIGNATURE: 3/17/08 954-772-5053	Indicated	l on this report or supplemental report is	strue and accurate and that	mv sionat	ure shall have the	same legal effe	ect as if made under	oath; that I a	am an officer	or director
SIGNATURE: 3/17/08 954-772-5053	of the cou	constion or the receiver or trustee amor	awarad to avacute this report	t ac roouir	ed by Chapter 60	07, Florida Statu	tes; and that my nar	ne appears i	n Block 10 oi	r Block 11 if
			$\rightarrow \rightarrow$			/د	-1-0		_	_ =
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICES	OR DIPECT	OR	//د	// Date 9	<u> 59-77</u>	X-50	<u>555</u>