2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

DOCUMENT # P04000108245 1. Entity Name PAYROLL DONE EASY, INC								05-12-2008 90035 048 ***150.00				
Principal Plac	e of Busines	s	Ma	Mailing Address								
1009 MYRTLE LAKEVIEW DR Fruitland Park, Fl. 34731				1009 MYRTLE LAKEVIEW DR Fruitland Park, Fl. 34731				166				
									I edi ni sue n eden so ri	I III II		HBS1 (1 186)
2. Principat Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	05072008	Chg-P	CR2E03	4 (12/06)	
City & State				City & State			···	4. FEI Numb			<u> </u>	plied For
Zip	Country			Zip	try	5. Certificate of Status Desired					litional d	
	6. Name	and Address of Current					7. Name and Address of New Registered Agent					
RIVERA, GERONIMO						Name Rivera, beronimo						
1030 TRAI		Street Addr			P.O. Box Numb	er is Not Acceptable	Vicw	DR				
OARLAND	, I'L 3710	,			ļ							
*g: Are						Frui-	Ha	nd Par	15 m	FL	Zip Code	121
	named entity	y submits this statement for	or the p	urpose of changing its	registere	ed office or r	register	ed agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
	1	111							٤	5/7/08	?	
SIGNATURE	Signature, typeo	or privided name of egistered agent	and title i	f applicable. (NOT	E: Registered	d Agent signature	e required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Final Trust Fund Contribution.						ncing		.00 May Be ed to Fees	in accordance v corporation did			
10.		OFFICERS AND	DIREC			_	ADDITIONS	CHANGES TO OFF				
TITLE NAME	P RIVERA,	GERONIMO		☐ Delete		Z Z Z	ERA BE	RONINO		☑ cha nge	☐ Addition	
STREET ADDRESS	FREET ADDRESS 1030 TRAILSIDE CT.				ET ADDRESS	100	009 MYRTIE LAYEDICUD DC					
CITY-ST-ZIP	OAKLAND, FL 34760				CITY -	-ST-ZIP	<u>Fn</u>	itland	fork, r	L 347	<u>31</u>	□ Addition
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TITLE	P OAKLAND, FL 34760 CII						FΓυ	itlond	rark, 1	<u> </u>	<u>† ノ</u> クノ □ Chánge	☐ Addition
NAME					NAME	E				_	had vor- g-	
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NAME STREET ADDRESS					NAME STRE	E Et address						
CITY-ST-ZIP					1	-ST-ZIP	_					
TITLE NAME				Delete	TITLE						Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						— · · · · ·
TITLE NAME				☐ Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS					1	ET ADDRESS		•				
CITY-ST-ZIP	ortifu that the	o information cumplied with	h this fi	ling does not qualify to		-ST-ZIP	ntainad	Lin Chanter 119	Florida Statutos I	further cortif	v that the in	oformation
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 the empowered.												