2007 FOR PROFIT CORPORATION .- ANNUAL REPORT

FILED Sep 13, 2007 08:00 AM Secretary of State

1005 WESTSIDE DR 10	ling Address 05 WESTSIDE DR MPA, FL 33619			Bank bank bank bank bank	- - -	
DO NOT WRITE IN THIS SPACE			09102007 4. FEI Numbe 56-246 5. Certificate	No Chg-P	CR2E034 (11/	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent RIVAS, LUIS A 1005 WESTSIDE DR TAMPA, FL 33619		DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of typications agent and the if applicable. (NOTE, Registered Agent signature required when remeating) DATE						
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007	Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees	in accordance w corporation did r	vith s. 607.193(2) not receive the pr	(b), F.S., the for notice.
16. OFFICERS AND DIRECT TITLE PD NAME RIVAS, LUIS A STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORS		-	090000 09/13/07-	773963 80907-010	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					**	****
12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address of the SIGNATURE:	to execute this report as require the rike empowered.	ed by Chapter 607,	in Chapter 119 ame legal effect provide Statute	i, Florida Statutes. I i as if made under o s; and that my name	further certify that tath; that I am an of appears in Block	he information ficer or director 10 or Block 11 if