2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

ANNUAL REPORT					rep 25, 2008 08:0			
1. Entity Nam	MENT # P050000257 AL LITERARY SVCES., INC.	54				Secretary	of St	
•	e of Business L WAY STE 21 3155	Mailing Address 7360 CORAL WAY STE 21 MIAMI, FL 33155	-	4 10 E ((CO)	K TEKAK BIKIN SCHK THAN SC		1)11 4	

	O NOT WRITE	IN THIS SPA	CE	02182008 4. FEI Numb		CR2E034 (11/05)	pplied For	
	The second of the second			20-236 5. Certificate	of Status Desired	\$8.75 Ad		
	6. Name and Address of Current Re	gistered Agent			, ,	,	₹-	
CORONADO, NESTOR 7360 CORAL WAY STE 21 MIAMI, FL 33155				*	NOT W			
	e named entity submits this statement for the control of registered agent. Signature, typed or printed name of registered agent and			gistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DPS CORONADO, NESTOR 7360 CORAL WAY STE 21 MIAMI, FL 33155	RECTORS				3.3.		
TITLE NAME. STREET ADDRESS CITY-ST-ZIP					Un000 03/04/08	0837686 8-80066-019 1	50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ***	DO	NOT W	/RITE		
TIPLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SI	PACE		
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.

CICNIATUDE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

(305)267-1092

Daytime Prione #