## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary or State				
1. Entity Nam	MENT # P05000030 POFING, INC.	427			1	03-31-2008	3 90019 035 ***1.	50.00	
Principal Plac	of Business	Mailing Address	<u>'</u>	•	<b>'-</b>				
1954 N.W. 6	ST	1954 NJW 6 ST							
MIAMY, FL 33125 MIAMY, FL 33125					j				
						10181 8116 8861 8861 <b>8</b> 861	d <b>88:00</b> mm <b>40:0</b> m <b>0:0</b> mm 40:		
O. Dringing I.D.	No DO Doub		· .						
2. Principal Place of Business - No. P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					1				
Conc, Apr.	w, 0.00.	Cano, Apr. 11, cic.			03242008	Chg-P	CR2E034 (12/06)		
City & State					4. FEI Numbe	r	Ar	plied For	
MICHAIL, FL.					20-2418	647	No	t Applicable	
Zip	Country	Zip Country		•	5 Certificate	of Status Desired	□ \$8.75 Add	itional	
3317	<u> 25   U.S                                  </u>				3. Certificate (	or Status Desired	Fee Require	d	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agent		
11100 111	CIANO		Nai	me ム	UCIAN	10	L1260	)	
LUGO, LUCIANO 1954 N.W. 6 ST				Street Address (P.O. Box Number is Not Acceptable)					
MIAM. PL 33125									
				1 810 NW 17 CT.					
			City	<del>- 10</del>	1 00/		El Zip-God	<u>~ 1</u>	
				//\(\f\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			92		
	named entity submits this statement for ions of registered agent.	The purpose of changing its	s registered offi	ce or register	red agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept	
We obligate	Size of registered agent.								
SIGNATURE									
	Signature viped or printed ratios of registered agent a	nd has if applicable. (ND)	TE: Registered Agent	signature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5. □ Add	.00 May Be led to Fees			İ	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	<b>DPTS</b>	☐ Delete	TITLE	DP	TS		Change	Addition	
NAME	LUGO, LUCIANO		NAME	/ 12	GO LU	CIANO			
STREET ADDRESS	1954 N.W. 6 ST		STREET ADDR						
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	8	10 NU	U 170			
TITLE		☐ Delete	TITLE	im	( A AO I	FL 33	スロン C Change	☐ Addition	
NAME			NAME		$(\alpha m)$	ししょう。	) (& )		
STREET ADDRESS CITY-ST-ZIP			STREET ADDR						
TITLE NAME		Detete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDR	ecc.					
CITY+ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					□ Addition	
NAME		☐ Delete	NAME	İ			☐ Change	Addition	
STREET ADDRESS			STREET ADDR	RESS					
CITY - ST - ZIP			CITY-ST-ZIP	1					
TITLE		Delete	TITLE				☐ Change	Addition	
NAME		LI peicie	NAME				Change	Addition	
STREET ADDRESS			STREET ADDR	RESS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE		-		Change	☐ Addition	
NAME			NAME		,	,			
STREET ADDRESS			STREET ADDR	RESS					
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exemption	ons contained	in Chapter 119,	Florida Statutes. I	further certify that the ir	formation	
indicated of the cor	on this report of supplemental report is poration of the receiver or trustee empo	true and accurate and that wered to execute this report	my signaturé st	nati have the :	same legal effect	as if made under o	ath; that I am an officer	or director	
changed,	or on an attachment with an address, w	rith all other like empowered	. 45 / 64011 BO D)	Onapier Our	, . Ionus utatules	, and that thy halfit	AND COLOR OF THE PROPERTY OF	DIUCK IIII	
SIGNAT	TIRE (7)	•							