2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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Country 30 Country 40 S. Certificar of Status Desired 40 Fee Required 40 Fee Req									
S. Name and Address of Current Registered Agent GRIMALDI, FRANK 13609 TWINL-HAKE LANE TAMPA FL 33624 S. The across named entity Jobnits the statement for the purchase of changing its registered agent, and the citizgations of registered agent. SIGNATURE SIGNATURE FL 200-200 S. After May 1; 2008 Fee Will Be \$550.00 Make Check Payable to Prioritia Department of State One of Carrent Address and Carrent Statement of State One of Carrent Address and Carrent Statement of State One of Carrent Address and Carrent Statement of Statement State	City & Star	NA R	المصافية واستنجال	, Fil	4.	30-0306135	 		
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GRIMALDI, FRANK 13609 TWIDLEAKE LANE TAMPA FL 33624 8. The above named entity outprits this statement for the purpose of changing is registered office or registered agent, or poin, in the State of Florida. I am familiar with, and accept the changes in the changes agent. SIGNATURE ***Configuration of registered agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept the changes agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept the changes agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept the changes agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent agent in registered agent, or poin, in the State of Florida. I am familiar with, and accept agent a	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
8. The above named annul submits this statement for this purpose of changing its registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or coin, in the State of Florida. I am familiar with, and accept the coing agent, or coing agent ag	GRIMALDI, FRANK 13609 TWIN LAKE LANE TAMPA FL 33624 Street Address (P.O. Bgx Number is Not Acceptable)								
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FILE NOW!!! FEE S150.00 After May 1; 2008 Fee Will Be S50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IRLE GRIMALDI, FRANK SIREET ADDRESS 13609 TWIN LAKE LANE SIREET ADDRESS OTIV-ST-2P TAMPA FL 33624 Deele IRLE GRIMALDI GRIM	the obligations of registered agent.								
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	NAME STREET ADDRESS CITY-ST-ZIP	applies that the integration are all the		name Street Address City-St-Zip					

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: SIGNATURE and THEO OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR