## 2008 FOR DROFIT CORDORATION

**FILED 00 A** ate

ANNUAL REPORT					Apr 21, 2008 08:0 Secretary of St			
DOCUMENT # P05000040979  1. Entity Name COLUMNWORKS EAST, INC.					. <b>S</b> (	ecretary (	of St	
Principal Place of Business  2330 NW 102ND PLACE DORAL, FL 33172  Mailing Address  2330 NW 102ND PLACE DORAL, FL 33172  DORAL, FL 33172				NA BRANCH BANGA BANG	871 81811 81810 1871 68818 1871 1	BJ († 1 <b>3</b> fi		
DO NOT WRITE IN THIS SPA			CE	04162008 4. FEI Numb 03-055	No Chg-P	<u> </u>	lied For Applicable	
	6. Name and Address of Current Re	gistered Agent			· · · · · · · · · · · · · · · · · · ·	TO STATE OF THE ST		
2701 SW I STE 401	JOSE R ESQ LEJEUNE RD ABLES, FL 33134			NOT WE	74 <sub></sub>			
	named entity submits this statement for this ions of registered agent.  Signature, typed or profed name of registered agent and		ed office or registere d Agent signature required			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		· •	9. Election Campaign Financing \$5, Trust Fund Contribution.  Adde		05/06/08-80029-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE PSTD FIELDS, KEN 2330 NW 102ND PLACE DORAL, FL 33172	RECTORS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE								

12. Thereby 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 inclicated 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:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR