## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 8:00 am Secretary of State

Principal Place of Business  -2164 ALWORTH TERRACE WELLINGTON, FL 33414  2. Principal Place of Business - No P.O. Box # 798 BCRKELEY ST. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State BOLA DATUY  Country  Zip 3 447  Country  Country  6. Name and Address of Current Registered Agent  PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414  Strest Address (P.O. Box Number is Not Acceptable)  Strest Address (P.O. Box Number is Not Acceptable)  City BOLA LATOY  City BOLA LATOY  City BOLA LATOY  City BOLA LATOY  FL Zig 399 P7  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. Lam familiar with, and acceptable the obligations of registered agent.	able
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1212008 Chg-P CR2E034 (12/06)  City & State  BOWN RATON FL  Country  Country  5. Certificate of Status Desired  Fee Required  RATON  For Rational  Fee Required  RATON  Fee Required  Name  PERSAD, PETE  2164 ALWORTH TERRACE  WELLINGTON, FL 33414  City BUA RATON  FL  Tig Graphy  Street Address (PO. Box Number is Not Acceptable)  City BUA RATON  FL  Tig Graphy  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable, and care the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the purpose of changing its registered agent.	able
City & State  BOLLA RATON /L  City & State  BOLLA RATON /L  Country  5. Certificate of Status Desired  Fee Required  RATON  RATON  Name and Address of New Registered Agent  Name  PERSAD, PETE  2164 ALWORTH TERRACE  WELLINGTON, FL 33414  City BICA LATON  FL Zig Code P  CR2E034 (12/06)  Applied For 20-2671190  Not Applied For 20-2671190  Not Applied For 20-2671190  Not Applied For 20-2671190  Not Applied For 20-2671190  Fee Required  Fee Required  Streat Address of New Registered Agent  Name  City BICA LATON  FL Zig Code P  Zig Code P  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accertain.	able
Zip 3 487 Country 33497 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414  City BICA LATON FL Zig Spd 97  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable, and familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable to the purpose of changing its registered agent, or both, in the State of Florida.	able
Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414  City BLA LATON  FL Zig Code 27  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable.	
PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414  City BICA LATON FL Zig Side 27  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable.	2001
PERSAD, PETE 2164 ALWORTH TERRACE WELLINGTON, FL 33414  City BLCA LATON FL Zig Sday 7  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable)	'en'
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 acce	'en'
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 acce	'en'
the configurations on registered agents.	whi
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TIFLE P Delete TITLE Change Addi	dition
STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE VP Delete HILE	dition
NAME EALGOUT, MELISSA STREET ADDRESS 798 BERKELEY STREET  NAME PERSONAL MARKE STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP (WON MARANED)	
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CITY-S1-ZIP CITY-S1-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 direction 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 changed, or on an attachment with an address, with all other like empowered.	ctor
SIGNATURE: SIGNATURE: SIGNATURE XND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/22 08 561-843-34	16