2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Apr 14, 2008 08:			
1. Entity Narr	MENT # P050000830	69 , .				Secretary of	f Sı
Principal Plac 1480 PINE II CAPE CORAL	SLAND RD	Mailing Address 1480 PINE ISLAND RD CAPE CORAL, FL 33909		6.488))881 ((()			• 1
D	O NOT WRITE	CE	03222008 4. FEI Number 20-2977	No Chg-P	CR2E034 (11/05) Applied For Not Applie \$8.75 Additional Fee Required	or	
8. The above	EISLAND RD RAL, FL 33909 I named entity submits this statement for the consoft registered agent.	ed office or register	IN T	NOT W	PACE	cept	
				00 May Be		DATE	
10. IITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PTSD ACOSTA, RAMIRO 1480 PINE ISLAND RD. CAPE CORAL, FL 33909	RECTORS				00894668 8-80038-005 158.	75
THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							į

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 supplied ental 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 truefee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truefee empowered to effect the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truefee empowered to effect 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 each owner.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE ON PRINTED NAME OF SIGNATO OFFICER OR DIRECTOR