FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90092 048 ***150.00

ROFIT CORPORATION
NUAL REPORT

00107080

40002877

Mailing Address
831 PARTRIDGE CT.
MARCO ISLAND, FL 34145

01072008 No Chg-P CR2E034 (11/05)

RITE IN THIS SPACE

4. FEI Number 20-3244969 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

of Current Registered Agent

831 PARTRIDGE CT.
MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRANDA, JOSE E
STREET ADDRESS	831 PARTRIDGE CT.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	GRANDA, MARIA
STREET ADDRESS	831 PARTRIDGE CT.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	JOHNSON, TIMOTHY E
STREET ADDRESS	10 STANWYCK ST
CITY-ST-ZIP	MT. LAUREL, NJ 08054
TITLE	VP
NAME	HAFNER, MICHAEL
STREET ADDRESS	15 CARLISLE CT.
CITY-ST-ZIP	MT. LAUREL, NJ 08054
TITLE	VP
NAME	GRANDA, CARLOS M
STREET ADDRESS	540 CUSTIS RD.
CITY-ST-ZIP	GLENSIDE, PA 19038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 director of the corporation or the receiver or trustee empowered to execute the 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 the office, to be empowered.

SIGNATURE: _____ 1-8-08 239-589-2823
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
  Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- *** The fee to file the profit annual report is $150.00. If a certificate of status is desired, please add an additional $8.75. Only one certificate may be requested.**
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Chg-P CR2E034 (11/05)