## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 14, 2008 8:00 am Secretary of State 05-14-2008 90015 016 \*\*\*150.00

Daytime Phone #

Date

Principal Place of Business T375 SW 38 ST. T375 SW 38 ST. MAMM, FL 33155  2. Prenceal Place of Business	1. Entity Nam	ie	# P05000112 AL INSTALLATION					008 90013	016	30.00		
7375 SW 38 ST, MAMI, FL 33155  7376 SW 38 ST, MAMI, FL 33155  74 O 7 SW 73 / AVE  Principal Flore of Business - No F.O. Box *  14 O 7 SW 73 / AVE  Sizes, Aut 4, etc.  City 5 Sws.  Country  3 3 / 7 S Country  4 Country  5 Story And Country  5 Story And Country  5 Story And Country  6 Seven and Address of Current Registered Agent  Name  7 Sur 7 Ax 4 Roccountry  8 Story Andrew (P. O. Box Number in Not Acceptable)  Name  8 Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Not Acceptable)  Story Andrew (P. O. Box Number in Number	Principal Plac	e of Busines	s	Mailing Address			4010	2035				
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MILE     Part	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04222008	. Chg-P	CR2E	034 (12/06)		
2. Name and Address of Current Registered Agent  6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above ramed agent submits this stitlement for the purpose of changing its registered office or registered agent.  8. The above ramed agent submits this stitlement for the purpose of changing its registered office or registered agent.  8. The above ramed agent submits this stitlement for the purpose of changing its registered office or registered agent.  8. The above ramed agent submits this stitlement for the purpose of changing its registered office or registered agent.  8. The above ramed agent.  8. The above ramed agent submits this stitlement for the purpose of changing its registered office or registered agent.  8. The Above ramed agent.  9. Excellen Cannaging Financing.  8. Above ramed agent.  8. The Above ramed agent.  9. Excellen Cannaging Financing.  8. Above ramed agent.  9. Excellen Cannaging Financing.  8. St. 00 May 8e Address to Financing Financing.  9. Excellen Cannaging Fi		City & State		City & State						- <del></del>		
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RODRIGUEZ, AMERICA 187 NW 57TH AVE., STE. 17 MIAMI, FL 33126  8. The above named antity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligations of distated agent.  5. The above named antity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligations of distated agent.  5. The above named antity submits this statement for the purpose of changing is registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligations of distance agent.  5. The above named antity submits this statement for the purpose of changing is registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligation of the purpose of changing is registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligation of the control of the purpose of changing is registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligation of the purpose of changing is registated office or registered agent, or both, in the State of Forida. I am familiar with and accept the obligation of the control		75		33/75	1 '	٤	5. Certificate	of Status Desired	4 📙			
RSON TAX 4 TAX 5 T		6. Name	and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered	Agent		
MIAMI, FL 33126  3 85 W 49 R STREET  City HIALEAM FL 2g Code The above named writin 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 an ad accept the ordination of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with an ad accept the ordination of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with an advector of the ordination of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with an advector of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with an advector of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with an advector.  4 - 2 4 - 0 8  5 SUD May Ba Added to Fees Added to Fee	BUDBIGH	E7 AME	DICΔ		Name	UTA	ax & Ac	COUNTIN	'6 Si	ERVICES	, /NC.	
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After May 1, 2008 Fee will be \$550.00.  Trust Fund Contribution.    Added to Fees		Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	alure required	d when reinstating)		DATE	<u></u>	. 44	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR