04:         Los Nott WRITE IN THIS SPACE         04:         5. C         C. Name and Address of Current Registered Agent         CANO, CONNIE R         7431 NW 54TH ST         MEDLEY, FL 33166         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.         SiGNATURE         Sequence to purped name of registered agent and if a spaceble         (hOTE Pegasered Agent spin-show of the spaceble         OPFICERS AND DIRECTORS         10.         OPFICERS AND DIRECTORS         ITHE NOWILL FEE IS \$150.00         10.         OPFICERS AND DIRECTORS         ITHE NOWILL FEE IS \$150.00         ITHE NOWELL FEE IS \$150.00         ITHE NOWELL FEE IS \$150.00         ITHE NOWELL FEE IS \$150.	FILED Apr 28, 2008 08:00 AN		2008 FOR PROFIT CORPORATION ANNUAL REPORT				
7431 NW 54TH ST MEDLEY, FL 33166     7431 NW 54TH ST MEDLEY, FL 33166       DO NOT WRITE IN THIS SPACE       4. 5       5. 00       CANO, CONNIE R 7431 NW 54TH ST MEDLEY, FL 33166       8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent the obligations of registered agent.       SIGNATURE Spatient, types or prived name of registered agent.       INTE NOWIII FEE IS \$150.00 After May 1, 2008 Fore will be \$550.00       10.     OFFICERS AND DIRECTORS       11.     PS CANO, CONNIE R 7431 NW 54TH ST MIAM, FL 33166       INTE NOWILL FEE IS \$150.00 After May 1, 2008 Fore will be \$550.00       10.     OFFICERS AND DIRECTORS       11.     PS CANO, CONNIE R 7431 NW 54TH ST MIAM, FL 33166       ITHE NAME STREET ADDRES CITY-S1-2P       MIAM, FL 33166       ITHE NAME STREET ADDRESS CITY-S1-2P       MIAM, FL 33166       ITHE NAME STREET ADDRESS CITY-S1-2P       ITHE NAME STREET ADDRESS CITY-S1-2P       ITHE NAME STREET ADDRESS CITY-S1-2P	Secretary of State		6		. Entity Name		
DO NOT WRITE IN THIS SPACE         4. F         5. 0         6. Name and Address of Current Registered Agent         CANO, CONNIE R 7431 NW 54TH ST MEDLEY, FL 33166         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.         SIGNATURE         Signature, types or purred name of registered agent and ties of applicable         (KOTE Pequared Agent tophase recuired name of registered agent and ties of applicable         COTO Compaign Financing         Signature, types or purred name of registered agent and ties of applicable         (KOTE Pequared Agent tophase recuired when the financing         PS         CANO, CONNIE R         7431 NW 54TH ST         OFFICERS AND DIRECTORS         THE         PS         CANO, CONNIE R         7431 NW 54TH ST         MIAM         SIGE MADRESS         OFFICERS AND DIRECTORS         ITHE         NAME         SIGE MADRESS         OFFICERS AND DIRECTORS <td <="" colspan="2" th=""><th colspan="2" rowspan="2">04102008       No Chg-P       CR2E034 (11/05)         4. FEI Number       Applied For         20-4781226       Not Applicable         5. Certificate of Status Desired       \$8.75 Additional Fee Required</th><th>431 NW 54TH ST</th><th></th><th>431 NW 54TH ST</th></td>	<th colspan="2" rowspan="2">04102008       No Chg-P       CR2E034 (11/05)         4. FEI Number       Applied For         20-4781226       Not Applicable         5. Certificate of Status Desired       \$8.75 Additional Fee Required</th> <th>431 NW 54TH ST</th> <th></th> <th>431 NW 54TH ST</th>		04102008       No Chg-P       CR2E034 (11/05)         4. FEI Number       Applied For         20-4781226       Not Applicable         5. Certificate of Status Desired       \$8.75 Additional Fee Required		431 NW 54TH ST		431 NW 54TH ST
CANO, CONNIE R 7431 NW 54TH ST MEDLEY, FL 33166 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. SIGNATURE Spectre. Types or printed neme of registered agent and the repotentiation (NOTE Registered Agent agent and the repotentiation) FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITTUE CANO, CONNIE R 7431 NW 54TH ST CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P ITTLE NAME STREET ADDRESS CITY-SI-2P	DO NOT WRITE IN THIS SPACE						
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agenture required when re  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agenture required when re  FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing  Strust Fund Contribution  6. OFFICERS AND DIRECTORS  7431 NW 54TH ST CITY-SI-2IP  10. 10. 10. 10. 10. 10. 10. 10. 10. 10	DO NOT WRITE IN THIS SPACE		tored Agent	2 Г	ANO, CONNIE R 431 NW 54TH ST		
Trust Fund Contribution.         10.       OFFICERS AND DIRECTORS         ITTLE       PS         NAME       CANO, CONNIE R         STREET ADDRESS       7431 NW 54TH ST         CITY-S1-2IP       MIAMI, FL 33166         ITTLE       NAME         STREET ADDRESS       GITY-ST-2IP         ITTLE       STREET ADDRESS         GITY-ST-2IP       ITTLE         ITTLE       GITY-ST-2IP         ITTLE       ITTLE         ITTLE       ITTLE         ITTLE       ITTLE         ITTLE       ITTLE         ITTLE       ITTLE <td></td> <th></th> <td></td> <td>gistered agent.</td> <td>the obligations of registe</td>				gistered agent.	the obligations of registe		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Char indicated on this report or supplemental report is true and accurate and that my signature shall have the same k of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florid changed, or on an attachment with an address, with all other like empowered SIGNATURE:	hapter 119, Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if Q/22/24	nptions contained re shall have the sa d by Chapter 607.	to execute this report as re-	the receiver or trustee empowerer	of the corporation or the changed, or on an attac		