2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

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DOCUMENT # P05000124308 1. Entity Name DIANA G. SEMEL, P.A.						Secretary or s	יכ
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•	ce of Business	Mailing Address 21212 HARBOR WAY					
21212 HAR! Unit 144	BUR WAT	UNIT 144					
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	O NOT WRITE	IN IHIS SPA	CE	4. FEI Numbe		Applied For	_
				59-381	· i	Not Applicable \$8.75 Additional	<u>a</u>
			ADB SWEET	5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	的 现代的	MERCE			t	
SEMEL, D	DIANA G			to the street of the services to	NOT:W	的 好事,"我就好了好你没有。""我的你们开一个大家都没有这个人的人,	į
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UNIT 144 AVENTURA, FL 33180					THIS SP	ACE	
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8. The above	e named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or bo	h, in the State of Flo	rida. I am familiar with, and accept	<u> </u>
	tions of registered agent.		•	•			
SIGNATURE.						DATE	
	Signature, typed or printed name of registered agent and	ute if applicable. (NOTE: Hegister)	ed Agent signature required	when reinstating)	<u>U000</u>	്ദ്രീസ്ഷ്ഷനം — — — — — — — — — — — — — — — — — — —	_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	U3/12/C	98-89033-008 150.00)
10.	OFFICERS AND DI	RECTORS	65,663.53		57-74-72-65-560		
TITLE NAME	PSTD SEMEL, DIANA G						-
STREET ADDRESS	21212 HARBOR WAY, UNIT 144						٠
CITY-ST-ZIP	AVENTURA, FL 33180						
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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 seme legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or further component to execute this 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 all one like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/08 305-409-7622