## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P05000127459



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28.2 ST BARBANA BLVD CAPE CORAL, FL 33914  2. Principal Place of Bisances - No P.O. Bror # 3. Monting Address  Suito, Api. F. etc.   Stake, Api. F. etc.   93122007	1. Entity Nam	c			Secretary of State 03-19-2007 90062 023 ***150.00					
28.2 ST BARBANA BLVD CAPE CORAL, FL 33914  2. Principal Place of Bisances - No P.O. Bror # 3. Monting Address  Suito, Api. F. etc.   Stake, Api. F. etc.   93122007					resi					
CAPE CORAL, FL 33914   CAPE CORAL, FL 33914				II.VID		400	01707			
Suite, Apt. # etc.   Suite, Apt. #, etc.   03122007   Chg. P   CR2E034 (12/05)						de Sea				
Suite, Apt. # etc.   Suite, Apt. #, etc.   03122007   Chg. P   CR2E034 (12/05)										
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zip	Suite, Apt.	#. etc.	Suite, Apt. #, etc.			03122007	Chg-P	CR2E03	4 (12/06)	
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Autoisonal Fee Required Fee Req	City & State	e	City & State				205		<u>`</u>	
See Required   Fee	Zip	Country	Zip	Country						
Name   Street Address   P.O. Box Number is Not Acceptable		6 Name and Address of Curren	at Registered Agent					F	ee Required	
SITE ADDRESS COPE CORAL, FL 33914  Site above named entry submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.  SIGNATURE    Symbolic lines a purporane streptweet special and start replaced agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the obligations of registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the proporation of registered agent.   (I/OTE Registered agent.   (I/OTE Registered agent, or born, in the State of Florida. I am Izimitar with, and accept the proporation of registered agent.   (I/OTE Register			it Registered Agent	Name		7. Name and A	udless of New P	registered A	jent	
City   FL   Zip Code				Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
### Singer Address City-St-2P    Title Name   PERMIN, JUAN J   PERMIN, JUAN J   Singer Address City-St-2P   Debte   Title   Name   Singer Address City-St-2P   Debte   Name	CAPE COI	RAL, FL 33914			-				····	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE				City					Zip Code	
### Control of the place or pursuo name of registered agent and side is explicable.    FILE NOW!!! FEE IS \$150.00   S. Electron Comparign Financing   S5.00 May Be Added Fees   Addition	8. The above	named entity submits this statement	for the purpose of changing	its registered office or	reaistere	ed agent, or both.	in the State of FI		miliar with.	and accept
THE NAME   FERMIN, JUAN J   General Comment		E NOW!!! FEE IS \$150.00	9. Election Camp	paign Financing	\$5.6	00 May Be		DATE		
NAME SIREET ADDRESS CITY-ST-2P  TITLE SPERMIN, EDWIN B SIREET ADDRESS CITY-ST-2P  TITLE CAPE CORAL, FL 33990  Delete TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE CAPE CORAL, FL 33914  TITLE NAME SIREET ADDRESS CITY-ST-2P  T	10.		D DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	ICERS AND	DIRECTOR	11 NI 6
SIREET ADDRESS CITY-ST-2P CAPE CORAL, FL 33990  ITILE SERET ADDRESS CITY-ST-2P CAPE CORAL, FL 33990  ITILE SERET ADDRESS CITY-ST-2P CAPE CORAL, FL 33914  ITILE NAME STREET ADDRESS CITY-ST-2P		1 '	☐ Delete						☐ Change	☐ Addition
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THE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-S1-ZIP  Delete TITLE  NAME  CHANGE Addition	STREET ADDRESS			STREET ADDRESS						
NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S7-ZIP			□ Delete				<u> </u>		☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP			band Digrigity	NAME						
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	12. I hereby	Exertify that the information supplied w	vith this filing does not qualify	y for the exemptions of	ontained	in Chapter 119,	Florida Statutes.	I further certi	fy that the i	nformation