2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State 04-19-2007 90411 050 ***150.00

| Principal Place of Business 2780 NW 55 COURT FT. LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2780 NW 55 COURT FT. LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | Applied For Not Applicable Additional irred |
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| Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State Street Address of Current Registered Agent To Name and Address of Current Registered Agent WATKIVS, SHARONE 12353 NW 25 STREET PLANTATION, FL 33323 Street Address (P.O. Box Number is Not Acceptable) City FL Zp City FL Zp City FL Zp Street Address (P.O. Box Number is Not Acceptable) City FL Zp Street Address (P.O. Box Number is Not Acceptable) FILE NOWITE FEE 18 \$150.00 After Many 1, 2007 Fee will be \$350.00 Trust Fund Contribution. Delde MAE STREET ADDRESS CITY-ST-2P TILE WATKIVS, SHARONE 2780 NW 55 COURT FT. LAUDERDALE, FL 33309 Trust Fund Contribution. STREET ADDRESS CITY-ST-2P TILE Delde TILE NAME STREET ADDRESS CITY-ST-2P TILE Delde STREET ADDRESS CITY-ST-2P TILE Delde STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TILE Delde STREET ADDRESS CITY-ST-2P STREET ADDRESS | Applied For Not Applicable Additional irred |
| City & Stato Country S. Certificate of Status Desired \$8.75 Fee Ref. Ref. Street Address of New Registered Agent T. Name and Address of New Registered Agent Name WATKIVS, SHARONE 12353 NW 25 STREET PLANTATION, FL 33323 City City FL Zip Street Address (P.O. Box Number is Not Acceptable) City FL Zip City FL Zip City FL Zip Street Address (P.O. Box Number is Not Acceptable) City FL Zip Street Address (P.O. Box Number is Not Acceptable) City FL Zip City City City FL Zip City City City FL Zip City Cit | Applied For Not Applicable Additional irred |
| Zip Country Zip Country 5. Certificate of Status Desired 55.7.5 Fee Ren 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKIVS, SHARONE 12353 NW 25 STREET PLANTATION, FL 33323 City FL Zip City FL Zip 6. 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 in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent, | Not Applicable Additional irred |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATKIVS, SHARONE 12353 NW 25 STREET PLANTATION, FL 33323 8. The above named antity submass this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Ronda. I am femiliar the obligations of registered agent. SIGNATURE Symbol New Time E IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICE | Additional irred |
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| 8. The above named entity submate this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar in the obligations of registered agent. SIGNATURE Signature. Invoid or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when remaining) OATE FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ON May Be Added to Fees 16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. ST. ZIP 18. Election Campaign Financing Trust Fund Contribution. Added to Fees 18. Election Campaign Financing Street Added to Fees 19. Election Campaign Financing Street Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A | th, and accep |
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| 12. I hereby certify that the inforflation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I 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 of of the corporation or the receiver or trustee empowered to oxecutar this report as required by Chapter 607. Florida Statutes; and that my name appears in Block changed, or on an attact/printy with an address, with all other like empowered. | |
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