2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 08:00 AN Secretary of State

	AIIIIVAL	ILEI OILI		,	Secretary of Sta		
1. Entity Name	MENT # P050001675 DRPORATION	502			Secretary of Sta		
Principal Place of Business 5934 NORMANDY BLVD IACKSONVILLE, FL 32205 Mailing Address 5934 NORMANDY BLVD JACKSONVILLE, FL 32205			 	COICI BAN COIA CON BOIC NA CON NA CONTRACTOR DIN CONTRACTOR DIN CONTRACTOR DIN CONTRACTOR DIN CONTRACTOR DIN C			
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D	O NOT WRITE	IN THIS SPA	CE	01222008 No Chg-P CR2E034 (11/05) 4. FEI Number			
	6. Name and Address of Current Re	egistered Agent		<u> </u>			
HAQUE, MOHAMMAD A 1649 DARTMOUTH DRIVE MIDDLEBURG, FL 32068				IN 1	NOT WRITE THIS SPACE		
the obligati	named entity submits this statement for t ions of registered agent	he purpose of changing its registe	red office or registe	red agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE			red Agent signature require	d when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS	,.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAQUE, MOHAMMAD A 1649 DARTMOUTH DRIVE MIDDLEBURG, FL 32068						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000849319 03/21/08-80016-008 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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 same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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 other like empowered.

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NAME
STREET ADDRESS
CITY-ST-ZIP

1. Account Heart MO HAM M AD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2UE 315

904-629-31

Daytime Phone #