2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

ANNOAL RE: OK)				1V1ay 02, 2000 00.0			
DOCU 1. Entity Nar HANWO		31			\$	Secretary of Sta	
Principal Place of Business C/O DANIEL LEE 8416 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412 Mailing Address C/O DANIEL LEE 8416 QUAIL MEADOW WEST PALM BEACH, FL 33412 WEST PALM BEACH, F			2				
DO NOT WRITE IN THIS SPACE			CF	04292008	No Chg-P	CR2E034 (11/05)	
		it iiiio oi A	-	4. FEI Numb 20-448		Applied For Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
TEQUEST	OBERT B ARBOR ROAD FA, FL 33469 e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or regist	IN T	NOT WI	ACE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when						DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign For Trust Fund Contributed			ncing \$	5.00 May Be ded to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE P LEE, DANIEL 8416 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412 V LEE, CHAN N	CTORS			U00000 05/30/08~	946278 80041-019 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	8416 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412			DO	NOT W	DITE	
CITY-ST-ZIP TITLE NAME					NOT WI		

NAME
STREET ADDRESS
CITY-S1-2IP

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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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04/30/08
Dayura Prone *