FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000028125

1. Entity Name

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14446 W. Dixie Hwy	14446 W. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State	City & State	4. FEI Number	Applied For
MIAMI, FL	MIAMI, FL	20-4371610	Not Applicable

Zip	Country	Zip	Country	
33161	DADE	33161	DADE	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name STUART GLAUSER, CPA

Street Address (P.O. Box Number is Not Acceptable)
14446 West Dixie Hwy

City MIAMI   FL Zip Code 33161

8. 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 with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when re instating)   DATE

January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended AR is $61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	E-mail Address: E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynne Solow, President 14446 W. Dixie Hwy MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _Lynne Solow_   Lynne Solow   05/31/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #