2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

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2/p Country Zp Country S. Conficed of Status Desired 38.75 Auditor 38.75	1. Entity Nam	MENT # P0600004				U4-1 /- <i>,</i>	2007 90049 04	1 ****150.00	
Suite, Api. #, etc. Suite, Api. #, etc.	857 BIG PINE AVE. 857 BIG PINE AVE.			043					
City & State City & State Desired Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligations of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligation of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligation of registered agent, or born, in the State of Poinda. I am itemitar with, and the obligation of registered agent, or born, in the State of Poinda. I am itemitar with, and an itemitar with	Principal Place of Business - No P.O. Box # 3. Mailing Address								
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SERGI, FRANK R 857 BIG PINE AVE: BIG PINE KEY, FL 33043 City FL Zo Code 5. 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 me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for me obligations of registered agent, or both, in the State of Florida. I am familiar with, and for the state of Florida. I file	Zip	Country	Ζ·p	Country	5. Certificat	of Status Desired			
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ponda. I am familiar with, and member of registered agent. SIGNATURE Signature Signatu	857 BIG PINE AVE:				Street Address (P.O. Box Number is Not Acceptable)				
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 lamiliar with, and the obligations of registered agent. SIGNATURE Signature: Types or prima name of registered agent and their application in the state of Florida. I am lamiliar with, and the obligations of registered agent. SIGNATURE Signature: Types or prima name of registered agent and their application. Polyment (NOTE) Registered Apont spontage recovers when remaining) THE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Cempaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Added to Fees Added to Fees SIRET ADDRESS CITY-51-2P BIG PINE KEY, FL 33043 CITY-51-2P THLE Delete THLE Delete THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete THLE Delete THLE Delete THLE Delete THLE MAKE SIRET ADDRESS CITY-51-2P THLE Delete	DIO I INC.	NET, TE 330-3		City	· 		□ Zip C	Code	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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 Bic changed, or on an attachment with an address, with all other fixed empowered.	indicated of the co	f on this report or supplemental report reporation or the receiver or trustee em	rt is true and accurate and than nowered to execute this repo	st my signature shall ha on as required by Cha	ave the same legal effo	ect as it made under	oath; that I am an offi	cer or director	
SIGNATURE: Frank R. Seige 4/06/07 305-797-16	SIGNAT	TURE: - Frank	-R. Seig	<i>t</i>		1/06/07	305-797	7-1079	