

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 19 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3927177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPPOLA, ANTHONY C
8562 SOUTHEAST RETREAT DRIVE
HOBE SOUND, FL 33455

DO NOT WRITE
IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COPPOLA, ANTHONY C
STREET ADDRESS	8562 SOUTHEAST RETREAT DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VP
NAME	CARBERRY, ROBERT
STREET ADDRESS	8562 SOUTHEAST RETREAT DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	ST
NAME	BUENDIA, GUSTAVO
STREET ADDRESS	8562 SOUTHEAST RETREAT DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900131632839
06/24/08--01038--026 **150.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/08 516 457 9300