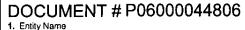
2008 FOR PROFIT CORPORATION

ANNUAL REPORT



Principal Place of Business

LEONOR COREA PA

8913 NW 145 ST MIAMI LAKES, FL 33018 Mailing Address

8913 NW 145 ST MIAMI LAKES, FL 33018

FILED Mar 31, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01292008

4. FEI Number 20-4591515

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COREA, LEONOR 8913 NW 145 ST MIAMI LAKES, FL 33018

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	surpose of changing its register	ed office or re	egistered agent, or b	oth, in the State of Florid	a. I am familiar with	ı, and accept
SIGNATURE	Signature, typed or printed name of registered agent and bite	f applicable (NOTE: Register)	ad Agent signature	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	,		, ,		· · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COREA, LEONOR 8913 NW 145 ST MIAMI LAKES, FL 33018				U000008 04/11/08~8	375451 30032-025	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WE	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			.,		er e		•
TITLE NAME				7 6			· · · · · · · · · · · · · · · · · · ·

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 eath; 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

SIGNATURE AND TYPED OR RAINTED NAME OF SIGNING OFFICER OR DIRECTOR