2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/25/2007-90181-048-\$150.00-\$150.00

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DOCU 1. Entity Nam RATH NO	16	# P06000087			FILED					
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Principal Place of Business Mailing Address						}			:	3.11.0
1126 N. FED #411			1126 N. FEDERAL HIGHWAY #411			TALE ATMOSTE, FLORIDA				
FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 3331					5 US 				# # # # # 	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt etc.			Suite, Apt. #, etc.			02082007	Chg-P	CR2E(34 (12/06)	
City & State			City & State			4. FEI Numb	er .			oplied For at Applicable
Zip	Country		Zip	Zip Caunt		5. Certificate	of Status Desired		\$8.75 Add	
8. Name and Address of Current R			egistered Agent			7. Name and Address of New Registered Agent				
Name A A J A A A A A A A A A A A A A A A A										
RATH, ZA 1126 N. FE #411	EDERAL I	HIGHWAY	Syapi Addresa (P.O. Apox Number is not Accordable) [126 South Force of Highway #41]							
FORT LAU	JDERDAL	E, FL 33316		 			·			
A The above	named entil	v submits this etatement to	ciryFortLandordale FL 389816							
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.										
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SIGNATURE TACKULAN POLICE PROSICULAL POLICE 9/1/10)										
Signature typed or printed name of registered agent and total applicable (HOTE: Registered Agent signature required when remissions) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADOITIONS	CHANCES TO OF	CICEDO ANO	CONTOTOR	C Bi s d
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NAME	RATH, ZACHARIAH			NAM		_			- ciento	-1 volution
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CITY-ST-ZIP	FORT LAUDERDALE, FL 33316				-ST-ZIP					
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CITY-ST-ZIP				CITY	-\$1 · ZIP					
12. Thereby 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 suppliemental 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: Each ariah Rath, President 4/17/07 954336.9213										
		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR		Date		sylme Phone #	