## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

SIGNATURE:

## May 05, 2008 08:00 AN Secretary of State DOCUMENT # P06000094286 FLORIDA STATE RECORDS, CORP. Principal Place of Business Mailing Address 2853 SW 128TH WAY 2853 SW 128TH WAY MIRAMAR, FL 33027 MIRAMAR, FL 33027 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5228339 Not Applicable A CONTRACTOR OF THE PROPERTY O \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORA, JAVIER 2853 SW 128TH WAY IN THIS SPACE MIRAMAR, FL 33027 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, typed or printed name of registered apent and title if emplicable (NOTE: Registered Agent tilgnature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MORA, JAVIER NAME STREET ADDRESS 2853 SW 128TH WAY MIRAMAR, FL 33027 CITY-ST-ZIP TITLE NAME PAEZ, GLORIA 2853 SW 128TH WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I heroby 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 indicated on this report or supplieriental 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 emplowered 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 employed ed.

ATQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daylime Phone #