

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90078 001 ****35.00
04-14-2008 90078 002 ****35.00
04-14-2008 90078 003 ****35.00
04-14-2008 90078 004 ***150.00

66006506



04102008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5242860
Applied For: ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIMARAES, ERICA
3628 DUNES VISTA DR.
POMPANO BCH, FL 33069

7. Name and Address of New Registered Agent

Name: _____
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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: FERRARI, CHARLES
STREET ADDRESS: 3628 DUNES VISTA DR.
CITY-ST-ZIP: POMPANO BCH, FL 33069 ☐ Delete

TITLE: VSD
NAME: GUIMARAES, ERICA
STREET ADDRESS: 3628 DUNES VISTA DR.
CITY-ST-ZIP: POMPANO BCH, FL 33069 ☐ Delete

TITLE: VPT
NAME: STERN, JENNIFER A
STREET ADDRESS: 120 CYPRESS CLUB DR., APT. 201
CITY-ST-ZIP: POMPANO BCH, FL 33060 ☐ Delete

TITLE: O
NAME: ROWE, MICHAEL
STREET ADDRESS: 7141 NW 10 PL
CITY-ST-ZIP: PLANTATION, FL 33313 ☒ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: *Only The Resident*
STREET ADDRESS: *Not A Director*
CITY-ST-ZIP: *Please Remove As A Director* ☒ Change ☐ Addition

TITLE: _____
NAME: *Only The VP & Secretary*
STREET ADDRESS: *Not A Director*
CITY-ST-ZIP: *Please Remove As A Director* ☒ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Change ☐ Addition

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 #

4-10-08