## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Feb 11, 2008 08:0			
1. Entity Nam	MENT # P06000110				2	Secretai	y of St
INC.	NCOINE TAX & CORPORA	TE FILING SERVICE					
Principal Plac 2680 N W 97 DORAL, FL 3	7 TH AVENUE	Mailing Address 2680 N W 97 TH AVENUE DORAL, FL 33172					
•							
D	O NOT WRITE	IN THIS SPA	CE	02072008 4. FEI Numbe	No Chg-P	CR2E034 (11.	Applied For
	· · · · · · · · · · · · · · · · · · ·				152 <u>985</u> of Status Desired		Not Applicable  Additional equired
FERNAND	6. Name and Address of Current DEZ-TOPP, MARLENE	Registered Agent		DO	NOT W	DITE	* * .
4301 N W 113TH PL DORAL, FL 33178				,	THIS SF		
	$\alpha$						
	named entity submitts this statement to uns of registered agen.	, Blandas	office or register		th, in the State of Fig	Driday I am familiar	with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees	~~~~~~	0821603 -80033-021	150.00
10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	PST FERNANDEZ-TOPP, MARLENE 4301 N W 113TH PL DORAL, FL 33178	1	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLANCO, ALLEN DANIEL 4301 N W 113TH PL DORAL, FL 33178			÷			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			:	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1	•		•	•

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND WHED OR WINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

Daytime Phone #