## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 Al
Secretary of State

ANNOAL KLI OKI				5an 20, 2000 00.0
1. Entity Nan	MENT # P060001388	09		Secretary of S
Principal Place of Business  6800 SW 17 STREET  MIAMI, FL 33155  Mailing Address  6800 SW 17 STREET  MIAMI, FL 33155  MIAMI, FL 33155				
	OO NOT WRITE	IN THIS SPA	CE	01242008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 20-5846700 Not Applied by S8.75 Additional
	6. Name and Address of Current Re	ulstered Agent	<u> </u>	5. Certificate of Status Desired Fee Required
CHAVIANO, OSIRIS 6800 SW 17 STREET MIAMI, FL 33155				DO NOT WRITE IN THIS SPACE
SIGNATURE  Signature, typed or protect name of registered agent and title of explicable. (NOTE, Registered  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.			d Agent signature required noting \$5.	DATE.  OD May Be ded to Fees
10.	OFFICERS AND DIF	RECTORS	; 3	
NAME STREET ADDRESS CITY-SI-ZIP	P CHAVIANO, OSIRIS 6800 SW 17 STREET MIAMI, FL 33155			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000802927 02/05/08-80007-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
YITLE NAME STREET ADDRESS CSTY-ST-ZIP		,		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS		an isotropic		

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 a address, with all other like empowered.

SIGNATURE:

ER OR DIRECTOR

01/24/08