2007 FOR PROFIT CORPORATION

	AN	NUAL N	EPUNI (AN	<u> </u>				
1. Entity Nam		P0600014184 IATES INC.	5			FILED		
				- To	07	MAY -1 PH 2: 25		
	co of Business		Mailing Address 811 FOREST HILL BLVD.			Land JAH F OF STATE		
811 FOREST HILL BLVD. WEST PALM BEACH FL 33405			WEST PALM BEACH FL 33405		E ARAMANI MERANI NA ARAMANA A	AZARA KANDER KANDEN KANDEN Kanden beren legeria kanden kande		
US			US					
,	Place of Business	- No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)			
City & State			City & State		4. FEI Number		pplicable	
Zip			Zip	Country	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent Name					7. Name and Address of N	New Registered Agent		
PIN	SKY, RICHAI	RD						
	FOREST HII ST PALM BE	LL BLVD. ACH FL 33405	Street Address (F		(P.O. Box Number is Not Acce	ptable)		
				Cily		FL Zip Code		
8. The above	named entity sub	mits this statement for	the purpose of changing its i	registered office or regist	cred agent, or both, in the State	of Florida. I am familiar with, and	d accept	
the obligations of rogs@red agent								
SIGNATURE	Signature, typed or prin	ted familioi regovered agent ar	nd title r approable. (NÖTE:	: Registered Agent signature requir	ed when reinstating)	5-1-0 / DATE	_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	K Payable to Flo		·		ADDITION OF TAXABLE PARTY	0.05510500 1110 010507000 11		
TITLE	P	OFFICERS AND D	Delete	11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN	Addition	
NAMI:	PINSKY, RICH		parais	NAMI.				
SIRFET ADDRESS CITY-ST-ZIP	811 FOREST H	ILL BLVD. EACH FL 33405		STREET ADDRESS CITY-ST-ZIP				
IUIT	VP		Delete	TITLE		☐ Change	Addition	
NAME	PINSKY, JESSICA S		LJ Voldid	NAME.	200101616422 05/04/0701020030 **150.00		_ / localition	
STREET ADDRESS CITY+ST-ZIP	811 FOREST H WEST PALM B	ILL BLVD. EACH FL 33405		STREET ADDRESS CDY-SI-ZIP	05/04/070	05/04/0701020030 **150.00		
THIC		-	- Delete	DICC		☐ Change ☐	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS				
CITY-ST-ZIP				CHY-SI-ZIP				
IIIUE		101	Delete	TITLE		☐ Change ☐	Addition	
NAME. STREET ADDRESS		177	ſ	NAME SIRLELADDRESS				
CITY-ST-ZIP		131	\	CITY-ST-ZIP				
TITLE. NAME		ı	☐ Delete	UJLE		☐ Change ☐	Addition	
STREET ADDRESS				NAML STREET ADDRESS			1	
C(TY-ST-ZIP		 		CHY-SI-7IP				
TITLE NAME			☐ Delete	TITLE. NAME		☐ Change ☐	Addition	
STREET ADDRESS				STREET ADDRESS				
CITY-SI-ZIP				CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date Date								
	511	MA IND I THE OH PH	MITTER HAME OF SIGNING OFFICER O	III DINECTOR	Uare	Duville Piche #		