2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90030 011 ***150.00

DOCU				04-16-200	0 20030	VII 1.	30.00			
1. Entity Nam JOSE MU										
Principal Plac	e of Business	Mailing Address	<u> </u>		300	11000				
8191 NW 91 Medley, Fl	TERR #6	8191 NW 91 TERR #6 MEDLEY, FL 33168								
7) 1 700 1 700			91 fee	Lear.						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03312008	Chg-P	CR2E	034 (12/06)		
City & State	blev FL.	City & State Mepley	FL		4. FEI Numbe 20-598			—	pplied For at Applicable	
Zip 22	16 Country	Zip 22/1/2	Country SA	_	5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New F	legistered		· · · · · · · · · · · · · · · · · · ·	
			Name							
MUNIZ, JOSE E 8191 NW 91 TERR #6 MEDLEY, FL 33168			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
-										
\$			City				FI	Zip Code	e	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registere	d agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE_	ě									
	Signature, typed or printed name of registered agent	and title if applicable, (NOTE: I	Registered Agent signatur	ra required w	then reinstations		DATE		- 1	
	****	- 1			· · · · · · · · · · · · · · · · · · ·		27-114			
FiL After Ma	E NOW!!! FEE !\$ \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contrib	n Financing	\$5.0	00 May Be		3/115			
FiL After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	OO Trust Fund Contrib	n Financing	\$5.0	0 May Be d to Fees	CHANGES TO OFF			S IN 11	
After Ma	ay 1, 2008 Fee will be \$550. OFFICERS AND	OO Trust Fund Contrib	n Financing pution.	\$5.0 Added	May Be d to Fees ADDITIONS/		FICERS AN	D DIRECTOR:	S IN 11	
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After Ma 10. IITLE NAME	ay 1, 2008 Fee will be \$550. OFFICERS AND P MUNIZ, JOSE E	OO Trust Fund Contrib	n Financing pution.	\$5.0 Added	May Be d to Fees ADDITIONS/	OSEE.	FICERS AN			
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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:

LINTED NAME OF SIGNING OFFICER OR DIRECTOR