2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2008 8:00 am Secretary of State

1. Simply Manny The Country The Countr	ANNOAL REPORT					05.10.2000	• •	****	. 00
122 Nr. 30 St #35	1. Entity Name				Anana		3 90032 029	***150	0.00
Suite Age	1225 W. 30 ST #35 1225 W. 30 ST #35						ININI († 88) - O(1881 (2) IN	111 ilin 13 li	8 1 1 14 1 8 1
City & Sale	2. Principal Place of Business - No P.O. Box # 3. Mailing Address 482 PALL POEME 482 PALL AVEN								
The first of the collegation of the purpose of changing its registered agent.									
True	City & State	EAH FL				_		_ 	
Name	Zip 33 (O/O Country	Zip 33010	Country	5. Certificate	of Status Desired	□ \$8 Fee	.75 Add Required	itional
1225 W. 30 ST #35 HIALEAH, FL 33012	6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Age	nt	_
B: The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent. SIGNATURE Signature have or prived marrie of registered agent and title displayed agent and title displayed agent and title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent. SIGNATURE Signature have or prived marrie of registered agent and title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent. INTERPORT Signature have or prived marrie of registered agent. Signature have or prived marrie of registered agent. DATE	1225 W. 30 ST #35			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Square hood or printed rainer of registered agent and serial applicable NOTE Registered Agent septiature squared anner reditatancy) DATE				City			FL	Zip Code	,
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10.	8: The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its rec	J gistered office or regis	stered agent, or bot	n, in the State of	Florida. I am fam	iliar with,	and accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE DP FUENTES, EDDY STREET ADDRESS CITY ST 2IP ITIE MAKE STREET ADDRESS CITY-ST-2IP ITIE MAKE STREET ADDRES	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE R	egistered Agent signature requ	ared when reinstating)		DATE		
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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 truetee 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 anaddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2008