2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

3321 SW 94 AVE MAMI, FL 33165 MAMI	3.21 SW 94 AVE MAMI, FL 33165	1. Entity Nam	MENT # P0700000° ie support coordina				03-31-2008	90021 022 ***15	50.00	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, ALICIA M. 3321 SW 94 AVE. MIAMI, FL 33165 City FL Zip Code City FL Xip Code City FL Zip Code FL Zip Code City FL Zip Code	S. Cerrificate of Status Desired Feb Required F	City & State						-8164	7/7	ot Applicable
ALVAREZ, ALICIA M. 3321 SW 94 AVE. MIAMI, FL 33165 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS 3150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ALVAREZ, ALICIA M. SIRET ADDRESS OTTY-S1-2P ITILE ST Delete TITLE ANAME ALVAREZ, CRLANDO J SIRET ADDRESS OTTY-S1-2P MIAMI, FL 33165 OTTY-S1-2P MIAMI, FL 33165 OTTY-S1-2P MIAMI, FL 33165 OTTY-S1-2P MIAMI, FL 33165 OTTY-S1-2P TITLE MAKE SIRET ADDRESS OTTY-S1-2P MIAMI, FL 33165 OTTY-S1-2P TITLE MAKE SIRET ADDRESS OT	ALVAREZ, ALICIA M. 3221 SW 94 AVE MIAMI, FL 33165 8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **OFFICERS AND DIRECTORS** **OFFICERS AND DIRECTORS** **OFFICER AND STRETA MORESS** **OTH'S1-2P** **MAMI, FL 33165 **TITLE** **ALVAREZ, ALICIA M. **ALVAREZ, ORLANDO J. **SIRET MORESS** **OTH'S1-2P** **ITIE** **ALVAREZ, ORLANDO J. **SIRET MORESS** **OTH'S1-2P** **ITIE** **MAME** **ALVAREZ, ORLANDO J. **SIRET MORESS** **OTH'S1-2P** **ITIE** **MAME** **SIRET MORESS** **OTH'S1-2P** **OTH'S1-2P** **ITIE** **MAME** **SIRET MORESS** **OTH'S1-2P** **OTH'S1-2P** **ITIE** **MAME** **SIRET MORESS** **OTH'S1-2P** **OTH'S	Zip	Country	Zip	Country		5. Certificate o	Status Desired		
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	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		Lertify that the information supplied wit	h this filing does not qualify fo		. <u>.</u>	d 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

M. alvarez

03/14/08

305-228-0427