## 2008 FOR PROFIT CORPORATION ANNUAL REPORT . . .

## FILED May 23, 2008 8:00 am Secretary of State 04-28-2008 90345 042 \*\*\*150.00

1. Entity Nam	MENT#P0700			
Principal Place of Business		Mailing Address	JA10	<del>-</del> 55011935
7009 INTERBAY DRIVE		1954 HASTINGS DRIV		
322 Tampa, FL 3	33616 US	CLEARWATER, FL 33	763 US	I NOTIFICE HE BENE FIXED BY IN SHEE BY HE BY
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		I TATALER IN DATA COLO COM CONTRACTO DELLO COLO CONTRACTO DELLO CONTRACTO DELLO COLO COLO CONTRACTO DELLO COLO
Suite. Apt. #, etc.		Suite, Apt. #, etc.		03062008 Chg-P CR2E034 (12/06)
City & State		City & State		4. El Number 830 1916   Applied For   Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		of Current Registered Agent	Name	
1954 HAS	IN, CARLOS TINGS DRIVE ATER, FL 33763		Street Address	s (P.O. Box Number is Not Acceptable)
	•		City	FI Zip Code
		atement for the purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida. I am lamiliar with, and accept
ihe obligat SIGNATURE	ions of registered agent.			
3000000	Significate, hided or printed name of req	rstered agent and tills if applicable. (NC	OTE: Registered Agent signature requi	red when rainstaing) DATE
	E NOWIN FEE IS \$15 ay 1, 2008 Fee will b	e \$550.00 Trust Fund Co		5.00 May Be udded to Fees
10.	- OFFIC	CERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	SCAVASSIN, CARLOS 1954 HASTINGS DRIVE	□ Delicte =	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	CLEARWATER, FL 337	763	CITY-ST-ZIP	
TITLE NAME STREET ADORESS	,	☐ Delete	BTLE NAME STREET ADDRESS	☐ Change ☐ Addilion
CITY-51-21P			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		Delate	NAME STREET ADDRESS	☐ Change ☐ Addition
CHY-ST-ZIP THTLE NAME	-	☐ Oelete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	
TATLE NAME		Defette	TITLE	☐ Change ☐ Addition
STREET ADDRESS COTY-ST-ZIP	<b>,</b>		STREET ADDRESS CITY-ST-ZIP	
HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition
12. I hereby indicated of the co	t on this report or supplement reporation or the receiver or to	pphiedwith this filing does not qualify tal repost is true and accurate and that ustee empowered to execute this repo- used execute this repo- were with all other like empowere	for the exemptions contain it my signature shall have the ort as required by Chapter 6	ned in Chapter 119. Florida Statutes. I further certify that the information he same legal effect as it made under oath; that I am an officer or director 307. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE:	D TYPED OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	03/06/08 /07/09/008