2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED May 02, 2008 8:00 am Secretary of State

Pincipal Pace of Business 17100 N BAY ROAD 17100 N BAY RO	1. Entity Nam	MENT # P07000011 e ERPRISES, INC.	800			05-02-2008 901	68 024 ***150.	.00
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SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 2. Principal Place of Business, No P.O. Box # 10.35 Sul 30 Street Suite, Apt #, and Sui	Principal Placi	e of Business	-					
Suris, Apr. F. etc. Suris, Ap				33160				
City & State Hiramar FC Degrace Country Countr	7635	SW 32 nd Street	17635 DW 3	32nd Street				
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S. Name and Address of Current Registered Agant SHABANI, VALENT 17100 N BAY ROAD SUNNY ISLES BEACH, FL 33160 City FL 2ip Code Code City FL 2ip Code City FL 2ip Code Code City FL 2ip Code Code City FL 2ip Code Code Code Code Flag City FL 2ip Code Code Code Flag City FL 2ip Code Code Code Flag City FL 2ip Code Added to Fees Added to Fees Added to Fees City Size Ci	·		1 1	Country	5. Certificate	of Status Desirea	□ \$8.75 Ac	ditional
SHEER ADDRESS CITY ST-2IP TITLE NAME SIRER ADDRE					7. Name and	Address of New Reg		<u>ea</u>
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named early submits per statement forms purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations given operate product secure of the origination of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations given to predefine operation to the appearance (NOTE Repetation Agent secure recurse remaining) PLEAT TO BE STATE ADDRESS OF TRUSH Fund Contribution. THE PO SHABANI, VALENT SIRET ADDRESS OITY-ST-2P THE NAME SIRET ADDRESS OITY-ST-2P THE N	CHADANI	VALENT		Name		•		
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysine Prome	indicated of the co changed	d on this report or supplemental report in reporation or the receiver or pustee amp i, or on an attachment with an address.	is true and accurate and that re powered to execute this report, with all other like empowered	my signature shall have as required by Chapte	ained in Chapter 119 the same legal effer ir 607, Florida Statute	ct as if made under or es; and that my name	ath; that I am an offic appears in Block 10	er or director or Block 11 if