


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90100 031 \*\*\*150.00

|  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
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| <b>DOCUMENT # P07000014737</b><br>1. Entity Name<br><b>SCRIBE TRIBE, INC</b>   |                            |   |   |   |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>3530 MYSTIC POINTE DR<br/>#502<br/>AVENTURA, FL 33180</b>  |                            |   | Mailing Address<br><b>3530 MYSTIC POINTE DR<br/>#502<br/>AVENTURA, FL 33180</b> |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country           |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 01102008      Chg-P      CR2E034 (12/06)   |                            |   |   | 4. FEI Number<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">20-8363132</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">           Applied For<br/>Not Applicable         </div>   |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                            |   |   | 6. Name and Address of Current Registered Agent<br><br><b>HAUBEN, ARLENE<br/>3530 MYSTIC POINTE DR<br/>#502<br/>AVENTURA, FL 33180</b>   |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code   |                            |   |   | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>Arlene Hauben</i></u> <u>01/10/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAUBEN, ARLENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3530 MYSTIC POINTE DR #502</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>AVENTURA, FL 33180</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHRIER, BARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3530 MYSTIC POINTE DR #502</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>AVENTURA, FL 33180</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                            |   |   |  |  | TITLE | P | <input type="checkbox"/> Delete | NAME | HAUBEN, ARLENE |  | STREET ADDRESS | 3530 MYSTIC POINTE DR #502 |  | CITY- ST- ZIP | AVENTURA, FL 33180 |  | TITLE | VP | <input type="checkbox"/> Delete | NAME | SHRIER, BARRY |  | STREET ADDRESS | 3530 MYSTIC POINTE DR #502 |  | CITY- ST- ZIP | AVENTURA, FL 33180 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE  | P                          | <input type="checkbox"/> Delete   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   | HAUBEN, ARLENE             |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   | 3530 MYSTIC POINTE DR #502 |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  | AVENTURA, FL 33180         |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  | VP                         | <input type="checkbox"/> Delete   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   | SHRIER, BARRY              |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   | 3530 MYSTIC POINTE DR #502 |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  | AVENTURA, FL 33180         |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 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 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.   |                            |   |   |  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>SIGNATURE:</b> <u><i>Arlene Hauben</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                            |   |   | <u>01-10-08</u> <u>305 466-1122</u><br><small>Date      Daytime Phone #</small>  |  |       |   |                                 |      |                |  |                |                            |  |               |                    |  |       |    |                                 |      |               |  |                |                            |  |               |                    |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |       |  |   |      |  |  |                |  |  |               |  |  |