## 2008 FOR PROFIT CORPORATION

4.

## FILED Apr 02, 2008 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPURT							Secretary of State				
1. Entity Nan		# P0700002 nc			04-02-2008 9	90031 02	1 ***15	0.00			
Principal Plac	e of Business		Ma	Mailing Address			40050	4 J V			
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KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US					1 US						
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Principal Place of Business - No P.O. Box # 3. Mailing Address											
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Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			03302008	Chg-P	CR2E00	34 (12/06)	
City & State				City & State			4. FEI Numb	8505	<b>7</b> ~~		polied For
Zio Country			7	Zip Country			20-	0202	705		ot Applicable
Ζip	Zip Country		4	21p Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6 Name				J						
	6 Name	and Address of Curre	nt Kegisti	ered Agent		ļ.,	7. Name and	Address of New R	egistered A	gent	
00117415		N555 544451				Name					
		NDEZ, DANIEL				Ctua at A didina	(D.O. D., N.,		,		
2954 CONNER LN				Street Ad			(P.O. Box Numbi	er is Not Acceptable	e)		
KISSIMMEE, FL 34741											<del>-,</del>
		7 - 5				į					
		•'				City			FL	Zip Coo	ie
:		•						***************************************			
8. The above	e named entity tions of registe	submits this statement	for the pu	rpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
trie obligat	ilons or registe	этей адетт.									
SIGNIATURE											
SIGNATURE	Signature, typed of	or printed name of registered ag	ent and title if	applicable. (NO)	E: Registere	ed Agent signature requires	d when reinstation)		DATE		
		FEE IS \$150.00 Fee will be \$550	0.00	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
							1				
10.		OFFICERS AN	ID DIRECT	TORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11
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NAME	GONZALE	Z HERNANDEZ, DA	NIEL		NAM	E					
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CITY-ST-ZIP KISSIMMEE, FL 34741						-ST-ZIP					
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STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	<u> </u>				CITY	-ST-ZIP					
12. Thereby of indicated of the corrichanged,	certify that the on this report poration or the or on an attac	information supplied w or supplemental repor- e receiver or histee em chment with an eddress	rith this filir t is true an apowered s, with all o	ng does not qualify for d accurate and that it to execute this report other like empowered	or the exe my signal as requi	emptions contained ture shall have the red by Chapter 607	l in Chapter 119 same legal effec 7, Florida Statute	Florida Statutes. It as if made under os; and that my name	further certife bath; that I are appears in	y that the in n an officer Block 10 or	nformation or director r Block 11 if
SIGNAT		3	130/00	P							
			<u> </u>								

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR