## 2008 FOR PROFIT CORPORATION ANNUAL REPORT



8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASSARO, JAMES JR 1886 BRICKELL AVE 1404 MIAMI, FL 33129  City FL  6. 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 familithe obligations of registered agent.  Signature. Typed or privated name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remaining) DATE  FILE NOWTH FEE IS \$150.00 Outer by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees In accordance with s. 607.193 corporation did not receive the submits.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15.	12/06)  Applied For Not Applica 75 Additional Required
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MIAMI, FL 33129  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite. Apt. #, etc.	12/06) Applied For Not Applica 75 Additional Required
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & Status Desired   \$8. Fee  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City   FL    City   F	12/06) Applied For Not Applica 75 Additional Required
City & State  Country  Country  Country  S. Certificate of Status Desired   \$8. Fee  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  6. 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 familithe obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Ous by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.   Address of Name State of Florida and the financing of Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name State of Florida and Trust Fund Contribution.   Address of Name Registered Agent Agent Agen	Applied For Not Applica 75 Additional Required
Zip Country Zip Country 5. Certificate of Status Desired \$8. Fee  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)  PASSARO, JAMES JR 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 familiate obligations of registered agent.  Signature Squature, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when rematating)  PILE NOWILL FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 1. Added to F	Not Applica 75 Additional Required
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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 the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am a	
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 early that has of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 607. Rorida Statutes; and that my name appears in Biochanged, or on an attachment with an address, with all other like empowered.	hat the information officer or directock 10 or Block 1

## ATTACHMENT

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James Rossan	Aug 6, Zurg
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