2008 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 28, 2008 8:00 am Secretary of State			
1. Entity Nam	MENT # P07000038				ary of S 90335 031 ***1			
LAUDERDALL (Coseel	STST 4323 NW 62Nd Bre LAKES, FL 33300- Sprop, FL 33067 Tace of Business - No P.O. Box #	AUDERDALE LAKES, F Corol Spu 3. Mailing Address	323 NW. 62 Br + 33309- W: FC 3306r incipal					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132008	Chg-P	CR2E034 (12/0		
Coral Springs, FL		City & State		4. FEI Numb		1876	Applied For Not Applicable	
Zip 3306	I <u>* I * I *</u>	Zip	Country		of Status Desired	Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New	Registered Agent -		
HOLLOWAY; TAHIRA 9351 W SAMPLE RD CORAL SPRINGS, FL 33065				et Address (P.O. Box Number is Not Acceptable)				
		City				Code		
8. The above	, named entity submits this statement for	or the purpose of changing its		tered agent, or bo	oth, in the State of	FL		
the obligat	ions of registered agent.		E: Registered Agent signature requ			DATE		
	Signature, typed or printed name of registered agent E NOW!!! FEE 18 \$150.00 ay 1, 2008 FEE will be \$550.	9. Election Campa	ign Financing _ \$	5.00 May Be dded to Fees				
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO O	FFICERS AND DIRECT	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILCHRIST, LORNA <del>3611 NW 41ST ST</del> リックス <del>LAUDERDALE LAKES, FL 3330</del>	Delete NW band Are rep springs, Fi 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	ge 🗌 Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS			Char	nge 🔲 Addition	
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE			Char	ige 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chai	nge 🗋 Addition	
indicated of the co	certify that the information supplied with f on this report or supplemental report i rporation or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that i owered to execute this report	my signature shall have the t as required by Chapter (	ne same legal ette	ict as if made und	er oath: that I am an of	licer or director	
		+ A	-					