## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 31, 2008 8:00 am

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DOCUMENT # P07000053825						03-31-2008	-		
1. Entity Nam				03-31-2008	90019 02	313	0.00		
ALL ABO									
			000						
Principal Plac	e of Business	Mailing Address			-				
9925 NW 68	3 PL, #206	9925 NW 68 PL, #206							
TAMARAC, FI	L 33321	TAMARAC, FL 33321							
									13001 IN 1901
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
9925 NW 68 PLACE # 206		9925 NW 68 P	ACE # 20	4		I BULLI IBUII BUJIF BUJIF BUJI	i maiai miind fiidi	INTIN IENNI NI	(CBA) (1   BB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008	Cha-P	CR2E034	(12/06)	
$z$	206	206			03202006	Crig-P	CRZEUSA	(12/00)	
City & Stat	te .	City & State	/ 0.11		4. FEI Numb	er O 1/3 O 6		Ap	plied For
<b>——</b>	PAC, FloRIDA	TAMARAC, FI			20- 8	911306			t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	
33321	054	<u>l</u>	<b>SAJO</b> 24		<b>3</b> N			e Require	<b>a</b>
	6. Name and Address of Curren	Kegistered Agent	. Name		/. Name and	Address of New R	egistered Ag	ent	
DUPLAA, CARLOS									
	'AL PALM CIRCLE		Street A	ddress (I	O. Box Numb	er is Not Acceptable	)		
TAMARAC	C, FL 33321		792	3 X V	V 68 P/	CE # 256			
ļ									
			City	TAM	ARAC		FL	Zip Codi 3 3 3	921
8. The above	named entity submits this statement f	or the purpose of changing its re	agistered office o	r register	ed agent or ho	th in the State of Flo			
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.									
12 1/08 3/24/08									
SIGNATURE	Signature, typed or printee hame of registered agen	i and the # explicable. (NOTE: I	Registered Agent signat	ure required	when reinstating)		DATE		<del> </del>
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig			<b>00</b> May Be				
After Ma	ay 1, 2008 Fee will be \$550.	no Trust Fund Contrib	oution.						
	•	.00   Hasti and Contro	, dilon.	Adde	ed to Fees				
l 10.	OFFICERS AND			Adde		/CHANGES TO OFFI	CERS AND D	IRECTOR:	S IN 11
10.	OFFICERS AND	DIRECTORS	11.	Adde		/CHANGES TO OFFI			
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TITLE	Р	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI			
TITLE NAME	P DUPLAA, CARLOS	DIRECTORS	11. TITLE NAME	992	ADDITIONS	PLACE HZ			
TITLE NAME STREET ADDRESS	P DUPLAA, CARLOS 8001 ROYAL PALM CIRCLE	DIRECTORS	11. TITLE NAME STREET ADDRESS	992	ADDITIONS	PLACE HZ	D6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPLAA, CARLOS 8001 ROYAL PALM CIRCLE	D DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	992	ADDITIONS	PLACE HZ	D6	☐ Change	Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-593-3323

Daytime Phone #