2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

6. Name and Address of Current Registered Agent PELGADO-PASSLER, PATRICIA L. 7580 RED RIVER RD. WEST PALM BEACH, FL 33411 City FL Zig 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 the obligations of registered agent. Signature: Signatur	Applied For Not Applicable Additional quired
7.580 RED RIVER RD. WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc.	Applied For Not Applicable Additional quired Code
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City & State Country Country Country Country Country 5. Certificate of Status Desired \$8.7' Fee Re 6. Name and Address of Current Registered Agent Name DELGADO-PASSLER, PATRICIA L. 7580 RED RIVER RD. WEST PALM BEACH, FL 33411 City City FL Zir Registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Delete 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. CITY-ST-ZIP WEST PALM BEACH, FL 33411 13. CITY-ST-ZIP WEST PALM BEACH, FL 33411 14. CITY-ST-ZIP CITY-ST-ZIP TILE 15. CITY-ST-ZIP CITY-ST-ZIP TILE 16. CITY-ST-ZIP TILE 16. CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TILE 16. CITY-ST-ZIP TILE 17. COUNTRY CITY-ST-ZIP CITY-ST-ZIP TILE 17. CITY-ST-ZIP TILE 18. CITY-ST-ZIP TILE 18.	Applied For Not Applicable Additional quired Code
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2. I nereby certify that the information supplied with this filling does not qualify for me exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 postee 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08 561-371-430