## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUI	MENT # P07000077			Secretary of State 05-05-2008 90231 049 ***158.75				
1. Entity Nam LION ME	e				03-03-2008 9	0231 049 ****138.	/3	
Principal Place	e of Business	Mailing Address	· -	נסכטע4	( f. U			
10773 NW 5	8TH STREET	10773 NW 58TH STREET	Γ , ·					
185 DORAL, FL 33178 US		185 DORAL, FL 33178 US		 	50111 10011 0011 50116 0611	E BITHLISTEN ISTEN 1971 SESTE ISE	<b>. 11</b> 1   111	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite. Apt. #, etc.		Suite, Apī. #, etc.		04252008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FE! No. 700	-X698	/	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
SILVESTRE, PRISCILA E								
10773 NV	58TH STREET		Street Addre	ss (P.O. Box Numbi	er is Not Acceptable			
185 DORAL, FL 33178 💮 🍇								
			City			FL Zip Code	?	
	named entity subjinits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.		egistered office or regi Rugistered Agent signature red		th, in the State of Flo	orida. I am familiar with,	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees			•	
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SILVESTRE, PRISCILA E 10773 NW 58TH STREET SUIT DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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

may 27 2008

Daytime Phone #