FILED Jun 10, 2008 8:00 am Secretary of State 05-01-2008 90216 025 ***150.00

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2008 FOR PROFIT CORPORATION-ANNUAL REPORT

S. Name and Address of Current Registered Agent S. 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) FLL NOWITI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Int Now Acceptable (P.O. Box Number is Not Acceptable) SIRTI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Int Now Acceptable (P.O. Box Number is Not Acceptable) SIRTI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Int Now Acceptable (P.O. Box Number is Not Acceptable) SIRTI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Int Now Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable) Int Now Acceptable (P.O. Box Number is Not	1. Entity Nam	MENT # F		3319 ·								
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City & State Country Country S. Count	2. Principal Place of Business - No P.O. Box #			3. Mailing Addre	3. Mailing Address							
Sent Address of County 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity such is statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, or both, in the State of Porida. Tam hamfler with, and acceptable of legistered agent, and acceptable of legistered agent, or both, and acceptable of legistered agent, or both, and acceptable of legistered agent, and acceptable of legistered agent, and acceptable of legistered agent, and		Suite, Apt. #, etc.						_		•		
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Name STREET STREET STORES STREET STORES STREET STR	Zip]		5. Certificat	e of Status Desired	□ \$8 F≪	.75 Add Require		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CARCIA		Address of Curren	rt Registered Agent		Name	7. Name an	d Address of New R	legistered Age	nt		
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 termitiar with, and accelled to the obligations of registered agent, and service and se	9111 SW 2	21ST STREET			Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent or designations of registered agent. If the obligations of registered agent is grained agent or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the state of Florida. FILE NOWITI FEE IS \$150.00 ARRET NOWITI FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	MITCHAIN I F	33103				City			Fi	Zin Code		
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ARTER May 1, 2008 Fee will be \$550,00 Trust Fund Convibusion. Added to Fee 16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE	the obligations of registered agent. SIGNATURE											
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NAME STREET ADDRESS CITY-ST-ZIP ITILE ITILE INJURE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 esecure this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 in SIGNATURE: SIGNATURE:	NAME STREET ADDRESS			<u> </u>	HAM STRE	EET ADDRESS				Change	Addition	
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