## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P07000103441	ANNUAL KEPUK I						Secretary or State			
11460 W 35 LANE MINAN, FL 33165    Suite, Apt. #, etc.	1. Entity Name							8 90216 047 ***1	50.00	
11460 W 35 LANE MINAN, FL 33165    Suite, Apt. #, etc.	Principal Plac	e of Business	Mailing Address	1		- vuuð	<i>ըը</i> γ8			
Surie. Apr. #. atc.  City & State  Applied for the Applied for	11460 SW 3	5 LANE	•			. 4000				
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   O4142088   Chg.P   CR2E034 (12/06)   Chy & State   Dily & State   J. FEN Number   J. St. T. St. Applicable	MIAMI, FL 3	3165	MIAMI, FL 33165				•			
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City & State  Country  Country  Country  Country  Applied For Not Applicative  See Frequency  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Signa Address of Status Desired Agent or the purpose of changing its registered agent, or both, in the State of Ponce. It and smaller with, and accept the obligations of Agency agent, and the change of the	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country Sip Country Sip Country State Address of Current Registered Agent 7, Name and Address of New Registered Agent 1460 SW 35 LANE MIAMM, FL 33165  BURGOS, LUTGARDA 11460 SW 35 LANE Sincert Address (P.O. Box Number is Not Acceptable)  FILE NOWITH FEE IS \$150.00 Princered Agent springer sequence requires requirement and requiremen	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04142008	Chg-P	CR2E034 (12/06)			
Country	City & State		City & State			4. FEI Numb	095618	<u> </u>	•	
BURGOS, LUTGARDA 11/450 SW 35 LANE MIAMI, FL 33165  8. The above named epity submits this statement for the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the obligations of lightagered agent.  SIGNATURE Agents in the statement for the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the obligations of lightagered agent.  SIGNATURE Agents in the statement for the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the obligations of lightagered agent.  SIGNATURE Agents in the statement for the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the obligations of lightagered agent.  SIGNATURE Agents in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pondu. I amitantials with, and accept the purpose of changing its registered agent, or both, in the State of Pond	Zip - —	Country	Zip Coun		ry			\$8.75 Add	ditional _	
BURGOS, LUTGARDA 11460 SW 35 LANE MIAMI, FL 33165  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portio. I arm familiar with, and accept the obligations of upsistered agent.  SIGNATURE  SIG		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			
Sireet Address (P.O. Box Number is Not Acceptable)		,			*					
MIAMI, FL 33165  8. The above named eginty submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Porida. I am familier with, and accept the obligations of digitalized agent.  SIGNATURE  FILE NOWITI FEE IS \$150.00  After May 1, 2008 Fee will be \$\$50.00  After May 1, 2008 Fee will be \$\$50.00  PS Blaction Campaign Financing Trust Fund Contribution:  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITHE  PS BURGOS, LUTGARDA  3 MEET ADDRESS  OITY-S1-2P  MAMI, FL 33165  Delde  101/2 SIREP ADDRESS  OITY-S1-2P  TITLE  Delde  101/2 Delde  101/2 SIREP ADDRESS  OITY-S1-2P  TITLE  Delde  101/2 Delde					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named epity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of unitary of principles agent.  SIGNATURE And the bright principles are of repostered agent and the 4 adoktable.  FILE NOWILL FEELS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. III.E  BURGOS, LUTGARDA SIRRET ADDRESS CITY-S1-2P  III.E  MAMA SIRRET ADDRESS										
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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:

TOMOS BUGGS
TYPE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 (305)796-7494 Date Daying Proce #