## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 16, 2008 8:00 am Secretary of State 01-16-2008 90022 049 \*\*\*150.00

Daytime Phone ●

1. Entity Nam	е	P07000111 ERPRISES, INC			01-16-2008	90022 049	***15	50.00		
Principal Place of Business Mailing Address						quv	U * '			
8236 DRY CF Tampa, FL 3			8236 DRY CREEK DR Tampa, Fl. 33615							
IMMEN, IL S	3013		1AMEA, FE 33013		A IRRIVERS HI	45(1) (854 4814 8811) 88(1)	) )(8.8) (68.8) 848)) 848	18 81118 911	(881    1888	
2. Principal P	lace of Busines:	s - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01122008	Chg-P	CR2E034 (	12/06)	
City & State			City & State		4. FEI Number 26-13	59445		_	plied For t Applicable	
Zip	. Country		Zip Coun		itry	5. Certificate	of Status Desired		75 Addi Required	
	6. Name an	nd Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
RAMO0S,	JOSE S			Name						
8236 DRY TAMPA, FI	CREEK DR L 33615			Street Address (P.O. Box Number is Not Acceptable)						
					City			1	Zio Cade	
						r L	Zip Code			
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.										
SIGNATURE										
Signative, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signative required when reinstalling) DATE										
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.										
10.	DP	OFFICERS AND		11,	_	ADDITIONS/	CHANGES TO OFFI			
TITLE NAME		IGEL, BALDOMERO							Ctiange	☐ Addition
STREET ADDRESS	8236 DRY C				ET ADORESS					
CITY-ST-ZIP	TAMPA, FL ST	33615	Defete TILL		-ST-ZIP				Change	☐ Addition
NAME	REYES, MAI	RTHA A	NAM					٠	onange	
STREET ADDRESS CITY-ST-ZIP	8236 DRY CREEK DR TAMPA, FL 33615				EET ADDRESS Y-ST-ZIP					
TITLE	TAMEA, FL	33013	Delete	E				Change	Addition	
3MAN				NAM	_					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - SI - ZIP					
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CITY-ST-ZIP					-ST-ZIP					:
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NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADORESS - ST- ZIP					!
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 empowared 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.										