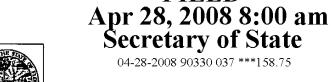
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P07000116260 1. Entity Name



FILED

I & W EXI	PRESS II	√ C										
181 NE 212TH TERRACE 1			Mailing Address 181 NE 212TH TERRAG MIAMI, FL 33179	181 NE 212TH TERRACE								
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-P	CR2E	034 (12/06)					
City & State			City & State			4. FEI Numbe 26-1282				plied For at Applicable		
Zip	Zip Country		Zip	Country		<u> </u>	of Status Desired	1Z	\$8.75 Add			
6. Name and Address of Current Regis			Registered Agent	<u> </u>		7. Name and Address of New Registered Agent						
ALLEN, W. 181 NE 21 MIAMI, FL	2TH TERF	RACE		-	Name Street Address ((P.O. Box Numbe	r is Not Acceptable	e)				
				F	City			FI	Zip Code			
	named entitions of regist		or the purpose of changing its	registered	d office or register	red agent, or both	n, in the State of Flo	orida. Lan	ramiliar with,	and accept		
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered :	Agent signature required	d when reins(ating)		DATE		<u></u>		
		FEE IS \$150.00 B Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees			:			
10.	-	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, W 181 NE 21 MIAMI, FL	12TH TERR	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	VP ALLEN, IF 181 NE 2' -MIAMI, FL	12TH TERRACE	☐ Delete		T ADDRESS S1-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	.,-			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	, —— ·	.,,		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZĪP	· · · · · · · · · · · · · · · · · · ·		· Delete	TITLE NAME STREET CITY-S	T ADDRESS 51 - ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			. Change	Addition		

12. I hereby certify that the information supplied with this filing 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 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: 🖞		Telene	Allen	41	911		(786) 469-214	1
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNIN	G OFFICER OR DIRECTOR			Date	Daysine Phone ≠	