2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P07000122542 04-21-2008 90081 002 ***150.00 RICHARD A. WARREN, P.A. Principal Place of Business Mailing Address 8260 S.W. 96 STREET 8260 S.W. 96 STREET MIAMI, FL 33156 US MIAMI, FL 33156 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9400 S. Dadeland 9400 S. Dadeland Suite, Apt. #, etc. 04172008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 24-1413253 Not Applicable iauri Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN, RICHARD A Street Address (P.O. Box Number is Not Acoppable) 8260 S.W. 96 STREET MIAMI, FL 33156 harded 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 8. The above the obligations of registered agent. H. Warren SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete WARREN, RICHARD A NAME STREET ADDRESS STREET ADDRESS 8260 S.W. 96 STREET CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 of 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attach

SIGNATURE:

FILED