2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

ANNOAL KLIOKI							ulj		
DOCU 1. Entity Nam FERADO		3325					08 90398 0:	32 ***15	50.00
Principal Place of Business Mailing Address					 	008719	13		
11401 PINES BLVD		8888 SW 136T ST.		•	. •				
STE 576		STE 140		•					
MIAMI, FL 3	3026 US	MIAMI, FL 33176 US			1 (6.9)(6.2) (10	1811 HER SEM SEM	CBH BDIGH 11880 MH	0 (MID (1921 B)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numbe 65-041				plied For t Applicable	
Zip	Country Zip		Country	1	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	ent	
DIAZ. JULIA				Name					
7448 SW 120TH CT. MIAMI, FL 33183				Street Address (P.O. Box Number is Not Acceptable)					
			Γ	City	,		FL	Zip Cod	9
the obligat	named entity submits this statement for ions of registered agent. Signature typed or printed name of registered agent.		Registered A	igent signature requi	red when reinstating)		DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.			ing \$	5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND (DIRECTOR	S IN 11
TITLE	P IIIIA	☐ Delete	TITLE					Сhange	Addition
NAME ; STREET ADDRESS	DIAZ, JULIA 7448 S.W. 120TH COURT		NAME	ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33183		CITY-S	I .					
TITLE	VP	☐ Delete TITL						Change	Addition
NAME	55554 456156		NAME					_ ,	_
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	1-219					
TITLE NAME	LESSEUR, MARIA	☐ Delete	TITLE					Change	Addition
STREET ADDRESS	7448 S.W. 120 COUNT			ADDRESS					
CITY- ST-ZIP			CITY-S'	t - ZIP					
TIFLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CIFY-ST-ZIP			STREET CITY-S	ADDRESS					
TITLE		☐ Delete	TITLE	1-gar				Change	Addition
NAME		Cu Delete	NAME						LT Magnitoli
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
TITLE		☐ Delete	TITLE		,			Change	Addition
NAME CIRCLY ADODESC			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS I-ZIP					
	tertify that the information supplied with	this filing does not qualify for			ed in Chanter 110	Florida Statutos	Literation continue	that the	lormation
indicated	certify that the information supplied with on this report or supplemental report i	s true and accurate and that my	y signatur	e shall have th	e same legal effec	t as if made unde	er oath: that f an	an officer	or director

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 if 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-08 Date

Daytime Phone •