## 2007 FOR PROFIT CORPORATION ANNUAL'REPORT

## **FILED** Apr 25, 2007 08:00 Al e

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City & State  Country  City & State  Country  City & State  Country  Sold Address of Current Registered Agent  To Reme  Seried Address of Current Registered Agent  To Reme  To Reme  To Reme and Address of New Registered Agent  To Reme  Seried Agent  To Reme  Seried Ag	2. Principal F	Place of Busi	ness - No P.O. Box #	3. N	Mailing Address							
So any Source Applicable   So any Source   So	Suite, Apt. #, etc.				Suite. Apt. #, etc.			02222007	Chg-P	CR2E03	4 (12/06)	
So Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or born, in the State of Florida. Statutes and forth agent agent and accept the state of Florida. Statutes and forth agent agent and page that in the information indicated or this report or acceptamental report is the and acceptate and that my separates and have the earne legal effect as it made under eart. that an and fate	City & State			C	ity & State		,			<del></del>	<del></del>	
PROIDA_JOEL D 605 75TH AVE. ST. PETERSBURG BEACH, FL 33706  E. The above named entity submits this scatement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. It am familiar with, and accept the objections of registered agent.  SIGNATURE:    City   FL   Zip Code	Z <sub>1</sub> p	Country Zip			ip	Cour	ntry		<del></del>		8.75 Add	ditional
STORMANE ST. PETERSBURG BEACH, FL 33706  Street Address (P.O. Box Number is Not Acceptable)  City FL 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 Rindle. I am familiar with, and accept the objection of registered agent, or both, in the State of Rindle. I am familiar with, and accept the objection of registered agent, or both, in the State of Rindle. I am familiar with, and accept the objection of registered agent, or both, in the State of Rindle. I am familiar with, and accept the objection of registered agent, or both, in the State of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of the state of Rindle. I am familiar with, and accept the objection of Rindle of Rindl		6. Name	and Address of Current	t Registe	ored Agent			7. Name and	Address of New F	Registered A	jent	
B. The above named entity submits his 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    Signature, Lipsed or brinds faune or inquired agent and let it apposed by the state of social properties agent and let it apposed by the state of Florida. I am familiar with, and accept the obligations of registered agent.    FILE NOWITH FEE IS \$150.00	605 75TH	AVE.	BEACH, FL 33706				Street Address (	P.O. Box Numbe	r is Not Acceptabl		Zio Cod	
The obligations of registered agent:  SIGNATURE  FILE NOWIT! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Pricers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  GAIDZIK, DAVID  GAIDZIK, DAVID  GAIDZIK, DAVID  TITLE  GAIDZIK, DAVID  TITLE  GAIDZIK, DAVID  TITLE  AVON PARK, FL 33825  TITLE  MAKE  STREET ADDRESS  CITY-S1-2P  T	B. The shave	named satis	to a basita this section as t	- 0					5 15			
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10.	the obligat	tions of regis	y submits this statement is tered agent.	or the pu	irpose of changing its	register	ed office or register	red agent, or bot	n, in the State of Fi	orida. I am fa	miliar with,	and accept
ARTON May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	SIGNATURE.	Signature, typed	tor printed name of registered agent	l and ble if r	appticable (NOT	E: Registers	nd Agent signature required	d when reinstating)		DATE		
TITLE   PVTD   CAIDZIK, DAVID   Change   Addition   NAME   STREET ADDRESS   U00000731438   U000000731438   U000000731438   U000000731438   U000000731438   U000000731438   U000000731438   U000000731438   U000000731438   U00000000000000000000000000000000000	FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	.00	•	-		.00 May Be led to Fees				
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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: MAMA JANI GAVII GAIDZIK  4-23-07	NAME STREET ADDRESS			-	☐ Delete	NAM STRI	EET ADDRESS				_] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 or the receiver or trustee ampowered 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:   MAM Jamba Javin GAVID GAIDZIK  4-23-07	NAME STREET ADDRESS				☐ Oelete	NAM STRE	EET ADDRESS				Change	☐ Addition
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