2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 All Secretary of State

DOCUMENT # P9400003991 1. Entity Name CARL J. MECKE, P.A.							Secretary	y of St
Principal Plac	e of Business	Mailing Address			1			
C/O TONY MA	ASS PA	1123 BERRY CIR			Į .			
1468 BW 13TH TERR NORMAN, OK 73072 US			US				•	
MIAMI, FL 3	3125 US							ININ NI 11 IN A 1
S. Dansin I D	Name of Business No. Box Box 4	10 11-9:- Addis-		·				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			1,000,000,000,000	III KALIF AKIR AKIR))	(8)06) (80)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03152007	Chg-P	CR2E034 (12/06)	
					03132007			
City & State		City & State		4. FEI Number		 	pplied For	
Zip Country		Zip Cour		tou	65-0462485 Not Applie		ot Applicable	
2.0	Country	Σίμ	Coun	iu y	5. Certificate o	f Status Desired	Fee Requir	
	6. Name and Address of Current	Registered Agent	1	I	7. Name and A	ddress of New R	Registered Agent	
				Name				{
	「, SHARON HOLLYWOOD BLVD 300			Street Address (P.O. Box Number is Not Acceptable)				
	OOD, FL 33021							
	•							}
				City			FL Zip Cod	de
8 The above	e named entity submits this statement for	or the ournose of changing its	renister	ed office or register	red agent, or both	in the State of Eld		and accept
the obligat	tions of registered agent.	In the purpose of changing its	registen	sa anthe or register	ed agont, or both	, in the diate of the	Shaq. Tan Brillia wa	's 's 's 's
	11. 11/	[] []					7-15-0	フ:
SIGNATURE,	Septatore, typed or printed hame of registered agent	and title if applicable. (NOT	E-Registere	d Agent signatura required	d when reinstating)		DATE	-7-
FIL								- 1
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be led to Fees			
After Ma	ay 1, 2007 Fee will be \$550.	OD Trust Fund Cont			ed to Fees	HANGES TO OFF	FICERS AND DIRECTOR	
10.	ay 1, 2007 Fee will be \$550. OFFICERS AND PD	OD Trust Fund Cont	11.	Add	ed to Fees	HANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
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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: AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR PLOT 100 Dayume Phone #