2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # P94000055939** THOMAS J. KORGE, P.A. Principal Place of Business Mailing Address 230 PALERMO AVE 230 PALERMO AVE CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 No Chg-P CR2E034 (11/05) 03122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0514095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORGE, THOMAS J DO NOT WRITE 201 S BISVAYNE BLVD STE 3250 MIAMI, FL 33131 IN THIS SPACE 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 Florida. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 05/01/08-80057-011,150.00 PSTD TITLE THOMAS J KORGE NAME STREET ADDRESS 230 PALERMO AVENUE CORAL GABLES, FL 33134 CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CHY-SI-7P

SIGNATURE AND TYPED OF PRINTED WASTE OF SIGNING OFFICER OR DIRECTOR

4/17/2008

FILED