Control of the action of Buddeness South Rept & etc. Control South Rept & etc. South Rept	2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 24, 2007 8:00 am Secretary of State 04-24-2007 90007 039 ***150.00	
SSS NR 200 STREFT NAME, FL 33128 430 GARRARD ST COVINGTON, KY 41011 US 2. Principal Packed Business - No P.O. Box # 1. Mailing Address Solite, Apl. #. etc. 51/6, Apl. #. etc. Organization Stife, Apl. #. etc. City & State City & State ZP Country ZP Country ZP Country STACEY, RICHARD STACEY, RICHARD Strift Address SCHARDER STACEY, RICHARD Strift Address STACEY, RICHARD	1. Entity Name					
Suite, Apr. #. etc. Suite, Apr. #. etc. Cuy & State Current Page State Current Page State Current Page State State Current Page State	955 NW 3RD STREET		430 GARRARD ST		400.~	
City & State City & State<	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
2ip Country Zp Country S. Certificate of Status Desired \$65-0524833 Text Participation 2ip Country Zp Country S. Certificate of Status Desired \$82,75 Additional Foor Required 3 Certificate of Status Desired \$1000000000000000000000000000000000000	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007 Chg-P	CR2E034 (12/06)
Commend of Address of Current Registered Agent Commend of Address of New Registered Agent Commend of Address of New Registered Agent Commend of New Registered Agent Name Name Name Name Name StracEV, RICHARD StracEV, RICHARD StracEV, RALPH L 3128 Commend only submits the statement for the outpool of charging its registered agent, or both, in the State of Fiorian. I am furniser with, and acc the obligators of eightered agent. Strate Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City State City	City & State		City & State			Applied For Not Applicable
STACEY. RICHARD BOD NV 4TH ST. MIAMI, FL 33128 Nerre Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Num	Zip	Country	Zip	Country	5. Certificate of Status Desire	
The above named entity submits this statement for the purpose of changing its registered affece or registered agent, or both, in the State of Forda. I am harrifer with, and acc the obligations of registered agent. SHANATURE SHANATURE SHARATURE SHARATURE	899 NW 41	RICHARD TH ST.	Registered Agent			······································
the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGN				City		FL Zip Code
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PT Delete TILL Delete Added to Fees STRCT ADDRESS UNAME STRCT P, RALPH L JR. Delete TILL NAME STRCT ADDRESS MIAMI, FL 33128 Delete TILL NAME STRCT ADDRESS Delete TILL NAME STRCT ADDRESS Delete TILL Change Added to Fees NAME STACEY, RICHARD Delete TILL Change Added to Fees NAME STACEY, RICHARD Delete TILL Change Added to Fees NAME STRCT ADDRESS OTV-ST-2P Change Added to Fees TITLE Delete TILL Change Added to Fees NAME STRET ADDRESS CHV-ST-2P Change Added to Fees TITLE Delete TILL Change Added to Fees NAME STRET ADDRESS CHV-ST-2P CHANE STRET ADDRESS	the obligati	ions of registered agent.				
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information superied with tils thing does per quality to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is the and accurden and that my signature anall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee employered to execute this report as recharged by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change Addition
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SIGNATURE AND THED ON PRIVIEW NAME OF SIGNING OFFICER OR DIRECTOR	SIGNAT		PRINTED NAME OF SEGNING OFFICER	OR DIRECTOR	4/23/07 Date	859-292-8880