2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P95000001421 1. Entity Name 04-07-2008 90022 046 \*\*\*150.00 BENTMAN & GELLER, C.P.A.'S, P.A. Principal Place of Business Mailing Address 4400 W. SAMPLE RD 4400 W. SAMPLE RD STE 236 STE 236 COCONUT CREEK FL 33067 COCONUT CREEK FL 33067 ncipal Place of Business 4855 West Hillsburo Blue Shorts N. 4155 West 1st MOORE CR2E034 (10/07) Applied For 4. FEI Number 65-0543926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENTMAN, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 4855 WeS+ HT/Skoro B 4400 W. SAMPLE RD **STE 236** COCONUT CREEK FL 33067 ᢓᢅᢨᢓ 8. The above named entity submits this statement for the purgree 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. Alta e hamplicacio. OTE Registered Agent signature required when reinstatung FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Delete Addition BRIAN J. BENTMAN Blod, B-3 NAME BRIAN J. BENTMAN NAME STREET ADDRESS 4400 W. SAMPLE RD STREET ADORESS COCONUT CREEK FL 33067 Pronutinear, 19c 33073 CITY- ST- 719 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition Howard Geller GELLER, HOWARD NAME NAME 4855 WES- Hillston Blud B-3 Cocont creede Mc 330 STREET ADDRESS 4400 W. SAMPLE RD STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33067 CITY-ST-ZIP TITLE ☐ Derete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY - ST- ZIP TITLE ☐ Deiele TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daythio Phone #