## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P95000033690	ANNUAL KEPUKI					Secretary of State					
2. PPROCIDED   Place of Business - No P.O. Box #   3. Mailing Access	1. Entity Name					~		_			
MAMI, FL 33155	Principal Place	e of Business	Mailing Address	•							
2. Principal Place of Business - No P.O. Box #   3. Maing Address   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   O4072008   Chg.P   CR2E034 (12/05)	7333 CORAL	WAY									
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Qu4072008   ChgP   CR2E034 (12/06)	MIAMI, FL 3	3155	MIAMI, FL 33155			•					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Qu4072008   ChgP   CR2E034 (12/06)					_	1 (8 8 H 8 6) H 8 18	KEN EKIH SEMIN ERIM I	STIN STISS INGS M		HERI MINNI	
City & State	Principal Place of Business - No P.O. Box #     Mailing Address										
To     County   County   Zp   County   Sp   County   Sp   County   Sp   Sp   Sp   Sp   Sp   Sp   Sp   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		040	72008	Chg-P	CR2E03	34 (12/06)		
Country	City & State	9	City & State				250				
Name and Address of Current Registered Agent	Zip Country		Zip Country								
RAVIS   MYRON   SOC   RAVVIS   ESG   Street Address (P O. Box Number is Not Acceptable)   Street Address (P O. Box Number is Num		6. Name and Address of Current	Registered Agent							-	
Street Address (P.O. Box Number is Not Acceptable)				Name	Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Title   Part											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, load of prised agent.  SIGNATURE  Signature, load of prised agent and title it applicable. (NOTE: Registered Agent signature recarse when required when requ				000.7.00	.000 (1 .0. 150	- Trainber					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	,										
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 tamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature				City				FI	Zip Code	e -	
SIGNATURE   Signature. Injection printed many of requisited append and titled appointables. (INOTE Registered Appen signature required whom remailating)   DATE     DATE     DATE	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										
After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DAVIDE, ANTHONY L 7333 CORAL WAY TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE SIREET ADDRESS CITY-ST-2P  TITLE SIRET	the extigations of registered agent.										
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.											
TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P											
NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.	ADC	DITIONS/CI	HANGES TO O	FFICERS AND	DIRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33155  TITLE NAME STREET ADDRESS CITY-ST-ZPP	TITLE		☐ Delete	TITLE	·				☐ Change	☐ Addition	
CITY-ST-ZPP MIAMI, FL 33155 CITY-ST-ZPP  TITLE NAME STREET ADDRESS CITY-ST-ZPP  Addition NAME STREET ADDRESS CITY-ST-ZPP  Addition NAME STREET ADDRESS CITY-ST-ZPP	-										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				■ i							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE THAME STREET ADDRESS CITY-ST-ZIP  TITLE THAME STREET ADDRESS CITY-ST-ZIP  TITLE THAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THAME STREET ADDRESS CITY-ST-ZIP  THAME STREET ADDRESS CITY-ST-ZIP  THAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP		1111 1111, 1 2 3 7 3 3	☐ Dolete	<b></b>					☐ Channe	☐ Addition	
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		<b>—</b> 0000	I					onlange		
ITITE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				1							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERATE ADDRESS CITY-ST-ZIP			☐ Delete						∟ Unange	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP											
		Legal to the information supplied with	this filing does not qualify for t	1	tained in Cha	apter 119.	Florida Statutes	s. I further certi	ify that the ir	nformation	

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 10 / 0 8 305 261 5 400

Date Daytime Phone #