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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038911 (0)

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 17803 SUNRISE DR LUTZ FL 33549 LUTZ FL 33549-5516														
							3.	Date Incorpora 05/09/1995	ted or Qualifi			e of Last 18/1996		
2. Principal Place of B	łus-ness	2a.	Mailing Address	s			4.	FEI Number			<u> </u>		\pplieo	For
21		26						<u>59-33 198(</u>)9					olicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, et	tc.			5.	Certificate of S	tatus Desired			\$8.75	Additi Require	
City & State		27	City & State					Election Campa	ion Financin			\$5.0	- `	
23		28	, ,					Trust Fund Con		Ö			to Fe	
Zip	Country		Zip		Country		8.	This corporatio	n has liability				s. 199	032,
24	25	29		30				Florida Statutes		☐ Yes				
	ame and Address of	f Current Regis	tered Agent		81	Name	10.	Name and Ad	dress of New	/ Hegiste	red A	pent		
GALLARDO														
17803 SUN LUTZ FL 33					82	Street Ad	idress (P	O. Box Numbe	r is Not Acce	ptable)				
1012 FL 34	3348				83								······································	
					84	City		·				as 7.	Code	
					ì	1 -					FL]]]		
11. Pursuant to the proffice or registere agent. I am Amili SIGNATURE	Mu								tatement for t s. I hereby a	ne purpos ccept the	appo - P	Intment &	ıs regis	tered
SIGNATURE St. latinum 12. TITLE D	printed name of reg OFFIC	the State of Florithe obligations of	Il applicable	(NOTE Regis	stered Age 3.	e-named co y the corpor s.	quired when		4	- عن م	- ₽ ITE AND I		RS IN	
SIGNATURE SUBMER STREET ADDRESS 1780	OFFICI ARDO, RENE 3 SUNRISE DR	pistered agent and little	II applicable CTORS	(NOTE: Regis	Stered Age 3. 1 TITLE 2 NAME		quired when	reinstating)	4	- عن م	- ₽ ITE AND I	DIRECTO	RS IN	12
SIGNATURE SUBJECT STREET ADDRESS CITY-SI-ZP LUTZ	OFFICI	pistered agent and little	If applicable CTORS DELE	(NOTE Regis 1 1 TE 1. 1.	3. 1 TITLE 2 NAME 3 STREET	ant signature rec	quired when	reinstating)	4	- عن م	AND I	DIRECTO Change	RS IN	12 Addition
SIGNATURE SUBJECT STREET ADDRESS LUTZ	OFFICI ARDO, RENE 3 SUNRISE DR	pistered agent and little	II applicable CTORS	(NOTE Regis 1 1 1 1 1 1 1 1 2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S	ant signature rec	quired when	reinstating)	4	- عن م	AND I	DIRECTO	RS IN	12
SIGNATURE STUDENTS 12. TITLE D GALL STREET ADDRESS 1780 CITY-SI-74P LUTZ TITLE NAME	OFFICI ARDO, RENE 3 SUNRISE DR	pistered agent and little	If applicable CTORS DELE	(NOTE Rogis 1 1 1 1 1 1 1 1 1 1 2 2	Stered Age 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ant signature rec	quired when	reinstating)	4	- عن م	AND I	DIRECTO Change	RS IN	12 Addition
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SIGNATURE STABLE 12. TITLE D GALL STREET ADDRESS THE FIRE TADDRESS LUTZ CITY-SI-7/P LUTZ TITLE NAME SIREET ADDRESS CITY-SI-7/P	OFFICI ARDO, RENE 3 SUNRISE DR	pistered agent and little	Il applicable CTORS DELE	(NOTE Rogis 1 1 1 1 1 1 1 2 2 2 2 2 1 E 3	3. 1 TITLE 2 NAME 3 STREET 4 CITY-5 1 TITLE 2 NAME 3 STREET 4 CITY-1 1 TITLE 2 NAME 4 CITY-1 1 TITLE 4 CITY-1 1 TITLE	ADDRESS ADDRESS	quired when	reinstating)	4	- عن م	AND I	DIRECTO Change	RS IN	12 Addition
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1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or bjock 13 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-17

Daytime Phone #