2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

Signature Sign	1. Entity Nam	MENT # P9500005	0046				03-05-2008	90026 02	6 ***15	0.00
Suite, Apl. #, etc.	1201 SW 62	AVE	1201 SW 62 AVE	JS		4000				 10
City & State Country City FL Zip Code City City FL Zip	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	•••						
Country Zrp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282008	Chg-P	CR2E03	4 (12/06)		
SECADA, JOSE 1201 SW 62 AVE MIAMI, FL 33144 SIGNATURE SECADA, JOSE 1201 SW 62 AVE MIAMI, FL 33144 SIGNATURE SECADA, JOSE 101: SECADA, JOSE 1020 FILE NOWILL FEE IS \$150.00 THIS DESCADA, JOSE 101: SECADA, JOSE 102: SECADA, JOSE 103: SECADA, JOSE 104: SECADA, JOSE 105: SECADA, JOSE 106: SECADA, JOSE 107: SECADA, JOSE 108: SECADA, JOSE 109: SECADA, JOS	City & Stat	e	City & State		•					oplied For ot Applicable
SECADA, JOSE 1201 SW 62 AVE MIAMI, FL 33144 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 Florica. I am familiar with, and a few floridations of registered agent. SIGNATURE Signature, toeds or preto name of registered agent and sent appearate. PILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$\$550.00 10.	Zip	Country	Zip	Country		5. Certificate of	f Status Desired			
SECADA, JOSE 1201 SW 62 AVE MIAMI, FL 33144 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 Floride. It um familiar with, and a the obligations of registered agent. SIGNATURE Signature, speed or prince name of registered agent and such applicable. MOTE: Registered Agent separate attems revisating) DATE		6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
B. 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 a the obligations of registered agent. SIGNATURE Signature. Seed or priced have of registered agent and tide if asphababe. (NOTE Registered Agent agressor required when remastere) After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Added t	1201 SW 6	62 AVE				s (P.O. Box Number	is Not Acceptable)		***************************************
SIGNATURE Signature. Note or printed name of registered agent and table if application. (NOTE: Registered Agent signature registered remaining) After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Addition Fee Added to Fees A					City			FL	Zip Cod	e
Signature. Noted or printed Name of registered agent and talent applicable. (NOTE: Registered Agent aground with many 1, 2008 Fee will be \$550.00	8. The above the obligat	named entity submits this statement fi	or the purpose of changing its	registere	ed office or regist	tered agent, or both	, in the State of Fig	orida. I am fai	niliar with,	and accept
After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.	SIGNATURE ₋	Signature, typed or ormied name of registered approximation	and title if annicable INOTE	- Reasterer	d Agent signature regul	red when reinstation)		DATE		
TITLE	FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campai	ign Finan	ncing\$	5.00 May Be				
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12 hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 110. Florida Statutes, Liveber certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	ET ADDRESS SI-ZIP			-	Change	Addition

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: