2007 FOR PROFIT CORPORATION

FILED Jan 25, 2007 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # P95000064358	
1. Entity Name	13



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

130 SOUTH UNIVERSITY DRIVE SUITE A

PLANTATION, FL 33324 US

130 SOUTH UNIVERSITY DRIVE SUITE A

PLANTATION, FL 33324 US



01192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3338262

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WOOD, DALE 130 SOUTH UNIVERSITY DRIVE SUITE A PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

ITILE PTD NAME WOOD, DALE STREET ADDRESS 130 SOUTH UNIVERSITY DRIVE, SUITE A CITY-SI-ZIP PLANTATION, FL 33324 TITLE VD MAYER THOMAS		named entity submits this statement for the plions of registered agent.	ourpose of changing its re	gistered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept.
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Trust	SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable (NOTE: Ri	egistered Agent signati	re required when reinstating)	DATE	
NAME STREET ADDRESS CITY-SI-ZIP PLANTATION, FL 33324 TITLE VD NAME MAYER, THOMAS STREET ADDRESS CITY-SI-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME IN THIS SPACE					Added to Fees	01/26/07-80080-017 150.00)
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12. 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.

STREET ADDRESS CITY - ST - ZIP

(954) 370-0660