## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 Al Secretary of State

DOCUMENT # P95000074703						Secret	ary or s
Principal Place of Business 998 NE 167 ST MIAMI, FL 33162 US	1	Aailing Address 998 NE 167 ST MIAMI, FL 33162 US			• 1844 6))# 3814 8841 6841	I <b>ab</b> in i <b>bb</b> i <b>bib</b> i <b>bib</b> i ibbi	ENNE AMOREA ITO
			-1.				
DO NO	T WOITE I	N THIS SDA	CE .	01242008	No Chg-P	CR2E034 (11	/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied For 65-0655174 Not Applicable			
,			• 3	5. Certificate	of Status Desired		5 Additional equired
6. Name :	and Address of Current Regi	stered Agent					, ,
KALAM, EMILIE S 998 NE 167 ST MIAMI, FL 33162			DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
The above named entity     the obligations of register  SIGNATURE		purpose of changing its register	red office or registe	red agent, or bo	th, in the State of Flo	<u></u>	with, and accept
Signature, typed o	or printed name of registered agent and little	e if applicable. (NOTE, Ragisteri	ed Agent signature require	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			Added to Fees			U00000799230 01/30/08-80048-015 150.00	
10.	OFFICERS AND DIRE	CTORS	• •	,		1'8	
	MILIE 56TH STREET RDALE, FL 33331				and the second	*	3
TITLE NAME STREET ADDRESS CITY-SI-ZIP					en e	·	1

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

TITLE NAME

IITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

305-439-777

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Daylima Phone #