2007 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 18, 2007 8:00 am				
1. Entity Nar	MENT # P9500008 ROUP, INC.			Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90185 006 ***150.00						
4985 N. STATE RD. 7 326 NW 107		Mailing Address 326 NW 107 TERR CORAL SPRINGS, FL 3	W 107 TERR		400	<u> </u>				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.										
		Suite, Apt. #, etc.				04142007 Chg-P CR2E034 (12/06)				
DANIA	ribench, tx	City & State			4. FEI Numb 65-06			N	pplied For ot Applicable	
2ip 3300	4 Country	Zip	Country		5. Certificat	e of Status Desire	ed 🗍	\$8.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name		7. Name an	d Address of Ne	w Registered	Agent		
MARKOVICH, DOV 4985 N. SR. 7 TAMARAC, FL 33319			Street	Adoress (F	PEDE		^{able} ∕√ √			
The obligat SIGNATURE.	Be named entity submits this statement f tions of registered agent. Signature, typed or printed name of registered agen E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	t and title if applicable. (NOTE 9. Election Campai	E: Registered Agent signat	ture required	ARKO	on the State of	f Florida. I arr 4 DATE	1 familiar with,	, and accept	
10.	OFFICERS AND		11.		ADDITIONS	I /CHANGES TO C	FFICERS AN	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MARKOVICH, DOV 4 905 N. GR. 7 - TAMARAG, FL 33319	Delete	TITLE NAME STREET ADDRESS	31	6 NW	107 T	ZR.	Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARKOVICH, PNINA 4 985 N'SR #7 TAMARAG, FL 33319	Delete	TITLE NAME Street Address City-st-zip	321	O NW	107 Rinks.	TR Fl	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplor or on an attachment with an address, URE:	owered to execute this report a	as required by Cha	ave the sa pter 607,						
		RINTED NAME OF SIGNING OFFICER	OR DIRECTOR			Date	-/-···	Daytime Phone #		