.,2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 08:00 AM Secretary of State

1. Enlity Nam	MENT # P950000980 CIA ENTERPRISES, INC.	014		3	ecretary or Stat
Principal Plac	e of Business	Mailing Address			
3653 E FORI INVERNESS,		3653 E FOREST DRIVE INVERNESS, FL 34453 US	S		TIVI BOLIO JOJO I OVI OBJOR INDIJ BIGIDOL SI JEDI
	A NOT WOITE	IN THIS COA	^F	01082008 No Chg-P	CR2E034 (11/05)
U	O NOT WRITE	IN THIS SPA	CE.	4. FEI Number 59-3351786	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
3653 E FO INVERNES	named entity submits this statement for toons of registered agent.	he purpose of changing its registe			PACE
	Signature typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina	+-	.00 May Be ed to Fees	DATE
10.	OFFICERS AND DI	RECTORS	,		·
TITLE	D BUENO EERNANDO M.D.				
NAME STREET ADDRESS CITY-ST-ZIP	BUENO, FERNANDO M.D. 3653 E FOREST DRIVE INVERNESS, FL 34453		Service Control	0000 04/25/0	00898341 8-80084-012 150.00
TITLE NAME					
STREET ADDRESS CITY+S1+7IP					
TITLE					
STREET ADDRESS				DONATIA	DITE
CITY-ST-ZIP				DO NOT W	
TITLE NAME				IN THIS SI	PACE
STHEET ADDRESS CITY+S1+ZIP					
TITLE			_		
NAME STREET ADDRESS	•				

12. Thereby 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 path; 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: __

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

411-1618