## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 08:00 AN Secretary of State

	ANNUAL	REPURI		0.444 mar. <b>P</b>	oai	7 22, 2000		
1. Entity Nam	MENT # P960000129 в воокѕнор, INC.	52				Secretary	of S	
Principal Place of Business  MARRIOTT HOTEL LOBBY TAMPA INT'L AIRPORT TAMPA, FL 33607		Mailing Address  MARRIOTT HOTEL LOBBY TAMPA INT'L AIRPORT TAMPA, FL 33607		]   				
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D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		CR2E034 (11/05)	ied For	
	Children of all the state of th	· · · · · · · · · · · · · · · · · · ·	•	59-3362 5. Certificate	2205 of Status Desired	Not A	Applicable onal	
11	6. Name and Address of Current Re	nistered Agent	<u>F. 1 </u>			1 do Maquila		
PATEL, ROHINI 10116 SPRINGTREE CT.		A Company			RITE	Paris Propries		
TAMPA, FI	L 33615		y and		THIS SF	ACE	den de fi	
8. The above the obligati	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register			orida. I am familiar with, ar	nd accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	i when reinstating)		DATE	<u>.                                    </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be ed to Fees	•			
10.	OFFICERS AND DI	RECTORS	],	do gha h	中心的原始	Court of the Charles of the	igive signs of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, ROHINI 10116 SPRINGTREE CT. TAMPA, FL 33615		er de la companya de La companya de la co			rda ina sa pilit najiha banda. Manazarahadi na banda s		
TITLE NAME STREET ADDRESS			in and the same	o de la company	@ 01/23/08	0791345 -80071-009 150  ************************************	ູ່ກ້ວກ .	
CITY-ST-ZiP	<del></del>			. La cople	o hat han had ho	m That Chillian	ing the second	
NAME STREET ADDRESS CITY-ST-ZIP		·		,		RITE	_	
TITLE NAME						ACE		
STREET ADDRESS CITY-ST-ZIP						the many and the same of the s		
TITLE NAME STREET ADDRESS				a salah melak salah		Cost of children		
CITY-ST-ZIP TITLE								
NAME STREET ADDRESS CATY-ST-ZIP				,				

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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-08 (813) 882-0797