


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90003 011 \*\*\*150.00

<b>DOCUMENT # P96000049286</b>	
<b>1. Entity Name</b> SHAPOVALOV & BORETH, P.A.	

<b>Principal Place of Business</b> 400 SE 12TH ST BLDG C FORT LAUDERDALE, FL 33316 US	<b>Mailing Address</b> 400 SE 12TH ST BLDG C FORT LAUDERDALE, FL 33316 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
09062007	Chg-P CR2E034 (12/06)
<b>4. FEI Number</b> 65-0670606	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
SHAPOVALOV, INNA 400 SE 12TH ST., BLDG C FORT LAUDERDALE, FL 33316

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

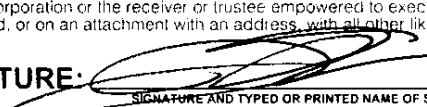
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPOVALOV, INNA	NAME	
STREET ADDRESS	400 SE 12TH STREET, BLDG C	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORETH, EDWARD	NAME	
STREET ADDRESS	400 SE 12TH STREET, BLDG C	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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:**  **Inna Shapovalov** **9/6/07** **954 522 4115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #