## **2008 FOR PROFIT CORPORATION**

## FILED Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT**

DOCU 1. Entity Nam LOOK UF			£ 04-14-2008 90070 035 ***150.00							
Principat Plac	e of Business	Mailing Address	ailing Address							
325 JULIA STREET KEY WEST, FL 33040		325 JULIA STREET KEY WEST, FL 33040			40069066					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	I. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312008	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Number 65-0689				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desire	ed 🗀	\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent						
SHORTER, IVAN 1720 N.W. NORTH RIVER DR. #613			Street A	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33125										
			City	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				<b>\$5.</b> Adde	00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO	OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAWYER-ATANDA, NORMA JEA 325 JULIA ST. KEY WEST, FL 33040	□ Delete N	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAN 325 Kæ	YWEST,	RMA J ST FL 3	EAN 3040	Change	☐ Addition	
TITLE	VD	☐ Delete	TITLE		· ( · · · · · · · · · · · · · · · · · ·		<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SHORTER, IVAN 1720 N.W. NORTH RIVER DR. #613 MIAMI, FL 33125		NAME STREET ADDRESS CITY-ST-ZIP					<del>-</del> •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POITIER, ADRIAN 629 CAROLINE ST #3 KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORTER, KENNETH 683 WATERFORD LANE CALERA, AL 35040	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, IVA 4102 RALEIGH ORLANDO, FL 32811	□ 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	

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: Morna JEAN SAWYER, PRESIDENT 3/31/08 (305)293-0049