FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OR CONTE

Sandra B. Mortham

Secretary of State
VISION OF CORPORATIONS

DIVISION OF CORPORATION

98 MAY - 1 AMIL: 27

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DOCU 1. Corporation	MENT # /	96000100	396				98 MAY - 1	MII: 27	
		NSTRIES, 1,							
Principal Plac	e of Business	Mailin	g Address						
ļ.							DO NOT WRITE IN TI	LIC CDACE	
						-	3. Date Incorporated or Qualified		
							(,	1/10/9	6
2. Principal Place of Business 2a. Mailing Address 2707 WINSTON LANE 26 7707 WINSTON LANE						4. FEI Number 65 · 07131	5) API	plied For t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\$8.75 A	
22 Coty & State		27 Cit	y & State				6 Floation Compaign Financing	Fee Re	<u> </u>
City & State	 .		TAMPA, F	۷			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Cor	untry Zip		Country			8. This corporation owes or has paid the		<i>_</i>
24 33 <i>61</i>	9 Name and Ad	/LLS 8ンピット// 29 3. dress of Current Registers		30 /1/225	20201	LH	Personal Property Tax due June 30. 10. Name and Address of New Register		LNo.
10			a Ageni	81	Name				
YVONNE JUMARRON 62 Street Address						s (P.O. Box Number is Not Acceptable)	······································		
7707 WINSTON LANE							·		
. TAMPA, FL 33615									
* (27)	/M, (=)	0 2 61 2		84	City		ſ	EL 85 Zip C	Code
allian or r	cointered agent or b	Sections 607 0502 and 607.1 both, in the State of Florida S accept the obligations of, Se	Such channe was at	れわのひえのの かい	v the core	corpor	ation submits this statement for the purpos is board of directors. I hereby accept the	e of changing its appointment as r	registered registered
SIGNATURE _							when ronstating) DA		
	Storature typed or printed	name of registered agent and little if app OFFICERS AND DIRECTO		Registered Age	ont signature	required	when rainstating) DA' ADDITIONS/CHANGES TO OFFICERS		S IN 12
12. TITLE	PST	OFFICERS AND DIRECTO	DELETE	1.1 TITLE		P		Change	☐ Addition
NAME	YVONE :	SOMARRON		1.2 NAME		YV	ome Johnnes		
STREET ADDRESS	7761 NW	35 14 STREET	_		T ADDRESS	770	•		
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STREET ADDRESS CITY-ST-ZIP				3.4. CITY -			05/12/9t	}NIN.A	-005
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NAME				4.2 NAME		Ī			
STREET ADDRESS					I ADORESS				
CITY-ST-ZIP TITLE		<u> </u>	DELETE	44 CITY - S	51-214	 -		☐ Change	Addition
NAME				5 2 NAME		/	= [6/95]	•	
STREET ADDRESS				5 3 STREET	I ADDRESS	[(Sp 5/4/25)		
CITY - ST - ZIP			OFFERE	5.4 CHY-5	SI - ZIP	$\vdash \rightharpoonup$		☐ Change	Addition
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NAME CYDEET ADDDESC				62 NAME	T ADDRESS	1			
STREET ADDRESS				6.4 CITY		1			
CiTY-ST-ZiP	outifu that the refere	nation cumpled with this filing	does not qualify to			ad in S	ection 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information

• I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information inflicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone #