2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 08:00 AM Secretary of State

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2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. 4, ctc. Suite. Apt. 4, etc. O2092007 Chg.P CR2E034 (12/06) City & State Country Zip Country S. Certificate of Status Desired Regulated Respective of Sec. 2007 Respective of Sec. 2007 Regulated Respective of Sec. 2007 Respect	-			NID.							
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Signar Applies Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007	Chg-P	CR2E034 (1	2/06)			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 act the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. 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 act the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both in the State of Florida. I am familiar with, and act the obligations of registered agent, or both in the State of Florida. I am familiar with, and act the obligations of registered agent, or both in the State of Flo	City & State		City & State						plied For t Applicable		
SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD SUITE 302E BOCA RATON, FL 33431 City FL Zip Code City FL Zip Code 6. 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 act the obligations of registered agent. SIGNATURE: STEVEN ASC INFRESTIA Square special special special agent and fee application. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TRUST Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO Change A MAKE SIREST ADDRESS CITY-ST-ZIP 14. ADDITIONS/CHANGES TO OF	Zip	Country	Zip Coun		ry	5. Certificate	e of Status Desired				
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B. 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 act the obligations of registered agent. SIGNATURE STEVEN A - SC INRRETTA ESC. Signature types or printed name of registered agent enrolled its publicable. (NOTE Registered Agent signature required when reordating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS CITY-SI-ZIP BOCA RATON, FL 33428 TITLE VS DECID RATON, FL 33428 TITLE VS DECID RATON, FL 33428 TITLE WAKE STREET ADDRESS CITY-SI-ZIP DEGREE TO STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP TITLE MAKE NAME STREET ADDRESS CITY-SI-ZIP TITLE MAKE NAME STREET ADDRESS CITY-SI-ZIP TITLE MAKE STREET ADDRESS CITY-SI-ZIP TITLE MAKE STREET ADDRESS CITY-SI-ZIP	BOCA RATON, FL 33431										
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CITY-S1-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information											

SIGNATURE: Maximum 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 suppliemental 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: Maximum Journal F. — WARVIN LOURIE PT 17 FEBRUALY 2007 561-477-1818

BIGNATURE AND TYPED OR PÁINTED NAME OF SIGNING OFFICER OR DIRECTOR