## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 17, 2008 08:00 Al te

	ANNUAL	REPURI		_	T-P-C	
DOCU 1. Entity Nam PARIS AI		91			50	ecretary of Sta
Principal Plac	e of Business	Mailing Address				
3300 AIRPORT WEST DRIVE 3300 AIRPORT WEST VERO BEACH, FL 32960 US VERO BEACH, FL 3			JS			
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		IN THE COA	or.	04092008 No	o Chg-P	CR2E034 (11/05)
L	O NOT WRITE	IN THIS SPA	UE MAIN	4. FEI Number 59-3426486	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
			- 14	5. Certificate of Sta		\$8.75 Additional Fee Required
2 3 3 4 7	6. Name and Address of Current Re	gistered Agent	<u> </u>	3.	فعجمها أأعادي	
3300 AIRF	CHRISTODOULIDES PORT WEST DRIVE H., FL 32960			DO NO IN TH		
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	named entity submits this statement for the tions of registered agent. :	ne purpose of changing its register	ed office or register	ed agent, or both, in th	ne State of Florid	a. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	I when reinstating)	·(*****	COATE ACT
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				, , , ,	- <del>Ú000</del> 009 5/01/08-8	04483 0014-018 150.00
10.	OFFICERS AND DI	RECTORS			Prior Section	《京教教·林林高宗》。
TITLE	PSTD				1-1-72	
NAME	CHRISTODOULIDES, PARIS					
STREET AODRESS CITY-ST-ZIP	3300 AIRPORT WEST DRIVE VERO BEACH, FL 32960		4			
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12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

FARTS G. Christodoulides 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR