2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _<

FILED Apr 14, 2008 08:00 A Secretary of State

5. Certificate of Status Desired	DOCUMENT # P970 1. Entity Name START TO FINISH FORMIO				٤	Secreta	ry of Sta
DO NOT WRITE IN THIS SPACE 4. FEI Number	; 3170 PEMBROKE ROAD	3170 PEMBROKE ROAD			1966 INNI REIN ETIN BI	1511 Fesso 1111 0 2 1506 6 14	18 KINTA HANGA HANG
FANEA, EMANOIL 3170 PEMBROKE ROAD HALLANDLE, FL 33009 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, types or prendictione of registered agent and load 4 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS INC. PSD FANEA, EMANOIL 3170 PEMBROKE ROAD HALLANDLE, FL 33009 ITILE MAME STREET ADDRESS OTTY-ST-2P DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE	DO NOT W	RITE IN THIS S	PACE	03132008 4. FEI Numbe 65-0752	No Chg-P r 2422	CR2E034 (1	Applied For Not Applicable 75 Additional
The obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and little if applicable. (NOTE Registered Agent signature required when renatating) DATE	FANEA, EMANOIL 3170 PEMBROKE ROAD	of Current Registered Agent					
After May 1, 2008 Fee will be \$550.00. Trust Fund Contribution. Added to Fees 10: OFFICERS AND DIRECTORS 10: PSD NAME FANEA, EMANOIL 3170 PEMBROKE ROAD CITY-ST-ZIP HALLANDLE, FL 33009 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAM	the obligations of registered agent. SIGNATURE			_	n, in the State of Fl		ar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAM	After May 1, 2008 Fee will b	e \$550.00, Trust Fund Contril					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	TITLE PSD NAME' FANEA, EMANOIL STREET ADDRESS 3170 PEMBROKE ROA	AD.		ر موسد پر د در	e ma Sansa a		
CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				04/25/08-	-80050-022	2 150.00
STREET ADDRESS CITY-S1-ZIP	CITY-ST-ZIP IIILE NAME STREET ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS 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 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	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information su	pplied with this filing does not quality for	the exemptions contained	in Chapter 119,	Florida Statutes. I	further certify the	at the information

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR