

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

08 MAR 28 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-2-08 RL



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0768187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENSCHEL, ANDREW S ESQ.
HENSCHEL & HENSCHEL, P.A.
1880 N.E. 163RD ST., SUITE 202
N. MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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 Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LYONS, SUSAN 10421 SW 187TH TERRACE MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHNEIDER, RITA 10421 SW 187 TERRACE MIAMI, FL 33157
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700121553087
03/31/08--01001--024 **288.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rita Schneider Rita Schneider 3-18-08 305-233-7566