## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2008 08:00 AM Secretary of State

PERMA ELLEY DA  ALLE MONTH PER 15 \$ 150.00 AP Current Registered Agent  City & State	1. Entity Nam	ne	# <b>P97000043</b> TION, INCORPOR					, Se	ecreta	iry (	oi Sta
Sulte, Apr. 4, etc.	8002 NW 90	TH ST		8002 NW 90TH ST	US	· ·				,	
City & State    City & State   City &	2. Principal P	Place of Busin	iess - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02262008	Chg-P	CR2E034	(12/06)	
S. Cerificate of Stance Desired   Fee Required   Fe	City & Stat	e		City & State			1			<del></del>	
PENA, ELVIS D 42 ELM DR MIAMI SPRINGS, FL 33166  City FL Zip Code	Zip				Cour	ntry			L Fe	Required	
A2 ELM DR MIAMI SPRINGS, FL 33166  Since: Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Cod	,	6. Name	and Address of Current I	Registered Agent		Name	7. Name and	Address of Now Rec	istered Age	ont	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am flam-list with and accept the obligations of registered agent, or both, in the State of Florida. I am flam-list with and accept the obligations of registered agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent and list a sportage.  ### Symbox Lipsdia screen agent.  ### Symbox Lipsdia screen agent.  ### Symbox Lipsdia screen agent.  ### Addition for registered agent, or both, in the State of Florida. I am flam-list with and accept the sportage.  ### Symbox Lipsdia screen agent.  ### Symbox Lipsdia screen agent.  ### Addition for registered agent, or both, in the State of Florida. I am flam-list with and accept the sportage.  ### Addition for registered agent, or both, in the State of Florida.  ### Addition Florida.  ### Ad	42 ELM DR					Street Address	(P O. Box Numb	er is Not Acceptable)			
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 accept the obligations of registered agent.  SignaTurite  SignaTurite  SignaTurite  SignaTurite  SignaTurite  PILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  16. WWE  SIRET ADDITIONS  UNVESTIGATED OFFICERS AND DIRECTORS  UNVESTIGATED OFFICERS AND DIRECTORS IN 11  17. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  18. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  19. Changesto Officers And DIRECTORS IN 11  19. Chang	14117 (1411 01 1	14.1400, 11.	. 33100								
SGNATURE    STATE   ST						City			FL	Zip Code	;
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11  TILE  DP  Change   Addition  MME  STREET ADDRESS  CITY-ST-2P   MIAMI SPRINGS, FL 33166   CITY-ST-2P    TILE  DV  PENA, BERTHAD  42 ELM DR  MIAMI SPRINGS, FL 33166   CITY-ST-2P    MIAMI SPRINGS   CITY-ST-2P    MIAMI SPRINGS   CITY-ST-2P    MILE   Change   Addition    MME  SIRET ADDRESS   CITY-ST-2P    MAME	the obligat	tions of regist	tered agent.					th, in the State of Floric		uliar with.	and accept
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TITLE SARCIA, HILDA SIRET ADDRESS CITY-ST-2IP MIAMI SPRINGS, FL 33166  TITLE MAME SIRET ADDRESS CITY-ST-2IP	NAME STREET ADDRESS	PENA, BE 42 ELM D	R	☐ Delete	NAM STR	ME EET ADORESS		U000008 04/09/08-8		_	_ :
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 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.	NAME STREET ADDRESS			C Delete	NAM Stri	AE EET AODRESS				] Change	Addition
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SIGNATURE: 3-18.08  SIGNATURE AND TYPED OR PRIVITED NAME OF SIGNANG OFFICER OR DIRECTOR Date Officer OF DIRECTOR	<ul> <li>indicated of the cor</li> </ul>	on this repor poration or the	rt or supplemental report is ne receiver or trustee empo	true and accurate and that wered to execute this report	my signa rt as requ	ituré shall have the	same legal effe 7, Florida Statute	ot as if made under oat es, and that my name a	th; that I am	an officer i	or director -
Onjunt 1000 to Onjunt	SIGNAT	URE:	SIGNATURE AND TYPED OR P	RATED NAME OF SIGNING OFFICE	R OR DIREC	TOR		3-18-08 Date	Dayte	ne Phone #	