## FILED Feb 26, 2007 8:00 am Secretary of State

2007	FOK I	KOFII	COK	PUKA	LION
	ΔΝ	INUAL	REPO	RT	
		IIIOAL		111	

Suite, Ap.: #, etc.  Suite, Ap.: #, etc.  Suite, Ap.: #, etc.  O22 12007 Chg.P CR2E034 (12/06)  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size Coun	02-26-2007 90057 045 ***150.00					0	080630	# P970000	ne	DOCUI 1. Entity Nam HI-LITES
Suite, Apt. #, etc.  City & State  Country  Signature, speak or present and address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street A					,.I <u></u>	75 N ROYAL POINCIANA	3	i	L POINCIANA	375 N ROYAL
City & State  Registered Agent  Name  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code						Mailing Address	# 3. N	ess - No P.O. Box #	lace of Busin	2. Principal Pl
Zip Country Zip Country 5. Certificate of Status Desired Agent T. Name and Address of New Registered Agent DICIT, IBIS Street Address (P.O. Box Number is Not Acceptable)    Name	02212007 Chg-P CR2E034 (12/06)			02212007		Suite, Apt. #, etc.	=   -		#, etc.	Suite, Apt.
Second   S	ied For Applicable					City & State			е	City & State
6. Name and Address of Current Registered Agent    Name	<u></u>	\$8.75 Addition	of Status Desired		ntry	Zip Co	Z	Country		Zip
Street Address (P.O. Box Number is Not Acceptable)		<del>.</del>		7. Name and A	Name	tered Agent	urrent Regist	and Address of Cu	6. Name	
City FL Zip Code  3. 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, a the obligations of registered agent.  SIGNATURE    Signature, highed or protect name of registered agent and sole I applicable   (NOTE Registered Agent signature required when rematang)   DATE			er is Not Acceptable)	s (P.O. Box Number	Street Addre				YAL POIN	375 N. RO
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, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE    Signature, head or protect name of registered agent and tale if applicable   (NOTE Registered Agent signature required when remitating)   DATE      FILE NOW!!! FEE IS \$150.00								. 33166	RINGS, FL	MIAMI SPI
SIGNATURE   Signature, typed or printed name of registered agent and tide if applicable   (NOTE Registered Apent signature required when reinstating)   DATE		Zip Code	FL		City					
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.	_ <del></del>	TE	DATE		-		_ <del></del>			
THE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP THE NAME NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP						, -				
NAME STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166  Dicit, IBIS 375 NORTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166  Dicit IIILE NAME STREET ADDRESS CITY-ST-ZIP	IN 11		CHANGES TO OFFICERS AND	ADDITIONS/C			S AND DIREC	OFFICERS	PSTD	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		change			ME REET ADDRESS	D. S		TH ROYAL POINC	DICIT, IBIS 375 NORT	NAME Street address
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition	☐ Change ☐		\	ME REET ADDRESS	N S				name Street address
	☐ Addition	Change			LE ME REET ADDRESS	☐ Delete TI				ITLE HAME STREET ADDRESS
	☐ Addition	Change			LE ME REET ADDRESS	☐ Delete T N S				TITLE NAME STREET ADDRESS
Delete	Addition	Change			ME REET ADDRESS	א S				IAME STREET ADDRESS
TITLE Delete TITLE Change  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Change	Addition	Change			ILE ME REE1 ADDRESS	Delete T N S				TITLE NAME STREET ADDRESS
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 inidicated 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 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 changed, or on an attachment with an address, with all other like empowered.	r director	at I am an officer or o	ct as if made under oath; that I a	e same legal effect 07, Florida Statutes	ature shall have uired by Chapter	and accurate and that my sig d to execute this report as red	eport is true a e empowered	t or supplemental re ne receiver or trustee	f on this repor rporation or th	indicated of the cor
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayler Proce &  Daylere Proce &	82-07	3W-88		y weig					TURE: _	SIGNAT