2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P97000080971 1. Entity Name PHANTOM VIII, INC. Principal Place of Business Mailing Address 7061 CYPRESS RD 7061 CYPRESS RD STE 104 STE 104 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 95-4681383 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPIRA, LAWRENCE R M.D. Street Address (P.O. Box Number is Not Acceptable) 7061 CYPRESS RD STE 104 PLANTATION FL 33317 City Zip Code 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO DEFLOERS AND DIRECTORS IN 11 04/17/07-80034-095cn/90.00 Addition PDST HILE ☐ Delete TITLE SPIRA, LAWRENCE R MD NAME NAME 7601 CYPRESS RD, SUITE 104 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY+SI-ZIP CHY-S1-ZIP Addition DILLE ☐ Delete IIILE ☐ Change STREET ADDRESS STREET ADDRESS CiTY-SI-ZIP CITY-ST-ZIP THE ☐ Delete DILLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP IIIIE ☐ Delete ☐ Add₁tion NAME STREET ADDRESS STREET ADDRESS CURT 91-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this fling does not qualify for no exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that providing shall have the same legal effect as if made under eath; 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.